1 JULY 2000

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

Notts £200,000 seamless care for cancer bid

NPA sympathetic to merger proposals sidelined by PSNC

Urgent action on methadone needed

Self-care will be a key issue in NHS National Plan

On-line courier seeks pharmacy clients

Update: spasticity management

Online at http://www.dotpharmacy.com/

When women need a cream that cools.

Canesten 2% Thrush Cream provides rapid relief.

The strength of Canesten Thrush Cream has been doubled, to 2%, to provide effective relief from **external** itching. Its compact size makes it easy to carry around, and when used with Canesten Once the combination cools and clears thrush fast.

Clotrimazole BP 2%

What can cool thrush fast? **Canesten can.**

Product information. [illegible] **Indications:** [illegible] **Dosage and Administration Adults:** [illegible] symptoms of the infection disappear. If after concomitant treatment of the vaginitis, the symptoms do not [illegible] partner's penis. It should be applied two or three times daily for two weeks. **Children** There is no clinical experience [illegible] **Contra-indications:** [illegible] **Warnings and Precautions:** A physician should be consulted if this is the first time the patient has experienced symptoms of [illegible] more than two infections of candidal vaginitis in the last six months, previous history of or exposure to partner with a sexually transmitted disease, pregnancy or suspected pregnancy, [illegible] vaginal antifungal products. Medical advice should be sought if the patient has any of the following symptoms: irregular vaginal bleeding, abnormal vaginal bleeding, [illegible] dysuria, any adverse events such as redness, irritation or swelling associated with the treatment, fever or chills, nausea or vomiting, [illegible] This product may damage latex contraceptives therefore patients should be advised to use alternative precautions for at least five days after using the cream. **Side-effects:** Rarely, [illegible] **Use in Pregnancy:** Only when considered necessary by a physician. **Cost:** [illegible] tube £4.49 **MA Number:** PL [illegible] **MA Holder:** [illegible] Newbury, Berkshire RG14 1 [illegible] **Legal Category:** P **Date of Preparation:** December 1999.

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 254 No 6246 140th YEAR OF PUBLICATION ISSN 0009-3033

REGULARS

COMMENT

Nero fiddled while Rome burned. The same analogy might be applied to PSNC. It has been given an opportunity to look seriously at a proposal which would see the biggest realignment of pharmacy representative organisations for years, something which is supported in principle across the contractor spectrum, yet has chosen to fiddle about with internal reorganisation. Although the full plan is yet to be revealed, those elements that have emerged do not exactly inspire confidence. Is anyone going to take PSNC seriously if it cannot field one of its own as a chairman? A new representative body combining the strengths of PSNC and the NPA is more than a superficially attractive proposition. As NPA chairman Ben Zatland says, the principle is worth exploring further. Let it be said at the outset, though, that it won't be easy, not least because NPA and PSNC do not represent overlapping constituencies. At present those who have the most to gain or lose from a merger - local pharmaceutical committees - are not being given a chance to enter the debate. And it is somewhat ironic that the NPA, with 20 independent pharmacists and one from a multiple on its board, appears more sympathetic to the idea than PSNC. Pharmacists are all too aware that there are some pretty fundamental challenges to their very existence in sight, and their representative bodies have yet to engineer a unified approach which might provide the clout to deal with them. It is time to stop thinking 'independent vs multiple' and start thinking about the whole community pharmacy sector, and what is the most effective way to get its message across. Now that Mr Dove's proposal is in the public domain, let's at least have a proper debate, and reach a considered conclusion. PSNC cannot bury this one in a procedural siding, without at least coming clean on what its alternative plans are, and who is going to pay for them.

Editor Patrick Grice *MRPharmS*
Assistant Editor Guy L'Aimable BA
News Editor Charles Gladwin *MRPharmS*
Technical Editor Steve Bremer *MRPharmS*
Contributing Editor Adrienne de Mont *MRPharmS*
Beauty Editor Sarah Thackray
Art Editor Tony Lamb
Production Editor Vanessa Townsend, BA
Editorial secretary Jan Powis
Editorial (tel): 01732 377487; (fax): 01732 367065
E-mail: chemdrug@unmf.com
Price List Colin Simpson *(Controller)*
Darren Larkin, Maria Locke
Price List (tel): 01732 377407; (fax): 01732 377559
Group Advertisement Manager Julian de Bruxelles
Group Advertisement Executives Simon Goddard, Christian Harris, Sophie Wellsted
Classified Executive Matthew Goold
Advertisement department secretary Elaine Steele
Advertising (tel): 01732 377621; (fax): 01732 377179
Production Karen Way
Associate Publisher John Skelton *FRPharmS*

Chemist & Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter

Published Saturdays by United Business Media Ltd Sovereign Way, Tonbridge Kent TN9 1RW
C&D on the internet at chemdrug@dotpharmacy.com
Website: http://www.dotpharmacy.com

Subscriptions (**Home**) £137 per annum (**Overseas & Eire**) £324 per annum including postage
£2.60 per copy (postage extra)
Additional Price List £78 per annum

Circulation and subscription: United Business Media Ltd, Tower House, Sovereign Park, Lathkill Street, Market Harborough, Leics, LE16 9EF
Tel: 01858 438809
Fax: 01858 434958

Business

NHS Direct kiosks and e-mail advice

NHS Direct advice kiosks with touch screen systems will be launched next month.

Next year could also see the start of an e-mail advice line for NHS Direct, Health Minister Gisela Stuart said last week. And there is the prospect of NHS Direct being used to deal with repeat prescription requests as well as having voice and date transfer of calls to specialist service providers.

The NHS Direct pilot in Essex (where pharmacy is the fourth disposition) was just one extension of the plans. When the NHS Direct guide and on-line service was launched last year, there had been a huge response from the public, she said.

"We need to extend that access. Next year, we will develop an e-mail response system. We also have an e-version of the guide to give the public simple algorithms to follow."

However, Ms Stuart was challenged about the cost to the public of the printed version of the guide. At a conference on self-care last Thursday (see p26) a delegate asked why the guide was retailing at £1.99 when it was originally available free of charge.

Ms Stuart responded by saying "quite a large number" are made available free. However, there is a perception that people value something more if there is a price on it.

The guide's author, Dr Ian Banks, disagreed. In a separate session at the conference, he argued: "This is discrimination against people who are less well off. I do not accept the rationale that charging £1.99 will make it more valuable to patients. What would, though, is the doctor or the pharmacist giving the guide to the patient and telling them that they value it."

Bid to aid cancer care

North Notts pharmacists are seeking £200,000 for a scheme to help cancer patients and their carers.

North Notts Health Authority, the local pharmaceutical committee and the University of Nottingham have submitted a bid to the Living with Cancer Fund for a project seeking to achieve seamless care for cancer patients. It should enable patients to stay at home in their final days by ensuring they have access to medicines needed.

Exact details are not available as to how many pharmacists will be involved, but there will be at least one per primary care group/trust, says Sharon Pfleger, public health adviser for pharmaceutical services, North Notts Health Authority.

Community pharmacists will:

- Undertake discharge planning, in conjunction with primary care, to facilitate the smooth transition of patients to their homes and ensure the correct medicines are in place.
- Carry out domiciliary visits to monitor and review patient-held pharmaceutical care plans to maintain good symptom control.
- Give patients information about symptoms and how to relieve them, the uses and side effects of medicines, and other sources of help.
- Ensure that patients and carers understand how to take medicines correctly, supplying compliance aids, if necessary.
- Dispose of unwanted medicines.
- Provide 24-hour, year round access to an agreed formulary of specialist palliative care medicines.

The applicants should know by the end of September if the bid has been successful. If so, the project is planned to start in April 2001.

LPC chairman Adrian Roberts said the project was one of several local schemes seeking to achieve seamless palliative care. "The aim is to make sure patients can live at home if they wish rather than being rushed into hospital because of the unavailability of social care or medicines. We want to make community pharmacists more involved in discharge planning so we have the right medication for patients and are better able to provide medicines out of hours."

Urgent action needed on methadone

Action to prevent methadone-related deaths must be an urgent priority, says an expert group.

"We want to express our profound alarm about the way in which methadone has, in recent years, been handled in this country," says the Advisory Council on the Misuse of Drugs, in a report published this week on 'Reducing drug related deaths'. "If allowed to continue unchecked, the number of methadone-related deaths will threaten to discredit an otherwise good treatment."

In future there should be more emphasis on preventing diversion of the drug to other users, says the ACMD. Agency approaches to prescribing and dispensing have often been too lax in the past, but the ACMD would not want strict and inflexible controls that might deter users from an effective, life-saving treatment.

The report recommends:

- The normal practice should be for methadone to be taken under daily supervision for at least six months and often longer. The bigger the dose, the greater the need for supervision.
- Agencies, individual prescribers and pharmacists must try to prevent diversion of supplies.
- Users should be alerted to the dangers of interaction with other drugs and alcohol.
- Doctors should not prescribe methadone tablets because of the potential danger of these being ground up and injected. Any doctor who persists in irresponsible practice, despite warnings, should be reported to the GMC, as should those who persist in prescribing methadone ampoules. Ampoules should be prescribed by clinics only in exceptional circumstances and under stringent control.
- Whenever methadone is dispensed for home consumption, clinic staff, GPs and pharmacists should advise patients on the need for safe storage. Clear hazard warnings should be on the bottle.
- Deaths from methadone should be closely monitored both locally and nationally.
- Health authorities should monitor the quality and efficacy of methadone prescribing in their areas.
- Induction into methadone is potentially dangerous and should be undertaken by appropriately trained and experienced doctors.
- As a matter of urgency the Department of Health should plan trials on alternative agents to methadone in the treatment of opioid addiction.

"With due safeguards in place, the further extension of methadone availability is likely to save lives and is a development we recommend," says ACMD.

The report mentions pharmacists as among health care professionals who can help prevent drug-related deaths and virus transmission. Knowledge of domestic circumstances should give primary care workers the opportunity to assess those at high risk of death from drug misuse. Excessive chaotic drug use or repeated presentation without improvement suggest a need for reassessment.

GPs should have close working relationships with community pharmacies, leading to sensitivity and flexibility in individual cases. There should occasionally be some relaxation of the stringent regulations for dispensing under the Misuse of Drugs Act 1971, as recommended by the Royal Pharmaceutical Society.

Drug treatment services should ensure that clients who are not injecting are encouraged never to do so, while those who are injecting should be encouraged to stop. "The calmly, rationally but repeatedly stated message 'Don't inject; injecting is too dangerous' should become part of treatment agency culture."

Loss of tolerance to drugs often causes fatalities, so clients who have been detoxified or who are completing residential care should be warned of this danger.

In a section on 'improving the data base', the report recommends that a national reporting and surveillance system, similar to that focusing on HIV deaths, should be set up for hepatitis B and C viruses.

Sample surveys on the virus status of clients attending drug treatment agencies should be carried out every two years.

'Where's Goldilocks?' was the first question asked as the National Pharmaceutical Association's 'Ask your pharmacist' roadshow hit the streets of Belfast. Brad the Cure Bear welcomed Professor James McElnay, president of the Pharmaceutical Society of Northern Ireland (left), and Cllr Sammi Wilson, Lord Mayor of Belfast, to the Roadshow trailer

NCC offers advice on the net

The National Co-operative Chemist has launched an interactive web site offering pharmacist consultation, on-line equipment purchases and recruitment information.

Aimed at both the public and pharmacists, the site offers a free, confidential and secure consultation service with responses given within two days. It also links with the eMC site of datasheets for prescription and over the counter medicines. Other sections include:

- a listing of branches to help users find their local NCC pharmacy
- 'Babywise' giving advice about and the opportunity to purchase equipment
- 'Home health' allowing on-line purchase of equipment such as mobility aids and diagnostic testing machines
- 'Recruitment' discussing the NCC's activities and support for pharmacists.

Announcing the site, NCC chief executive officer Roy Carrington said: "We have designed the site to be as user-friendly as possible and to provide a genuinely useful service to our regular customers as well as casual browsers." The multi-function site is also seen as a major leap forward in the e-commerce facilities being offered by the Co-op family of businesses.

"No other national pharmacy chain is offering anything as comprehensive as this," said Mr Carrington. "An added advantage is that the web site is fully linked to the entire range of Co-operative services on the internet through the Co-op Online navigator."

Pharmacist Derek Drury has been responsible for building the web site. "Although we are unable to dispense prescriptions or sell medicines because of legal and ethical considerations, we believe our internet address gives customers the nearest thing possible to a complete on-line pharmacy." Contact: *www.co-oppharmacy.co.uk*.

Take the Pharmacist Challenge

You could win up to £1,500 by entering the Pharmacist Challenge. It's simple to enter, and will be fun to take part. It won't take up much of your time, and if you are planning to come to Chemex 2000 in September it could provide you and your partner with an all expenses paid trip. All in all a unique opportunity, so turn to the back page of this week's issue to find out more. But don't delay – the closing date for entries is July 18. Prove you are up to the challenge!

Pharmacist Challenge is based on Pharmacy Update modules published this year in *C&D* and is sponsored by Genus Pharmaceuticals.

PSNC sidelines merger plan

The Pharmaceutical Services Negotiating Committee has sidelined a proposal from its chairman to create a new representative body by merging with the National Pharmaceutical Association.

Meeting last week, PSNC voted instead by 15 to seven to implement a package of measures put forward by its audit committee, aimed at improving PSNC's efficiency. Independent contractor members on PSNC swung the vote.

The measures include bringing in an external non-elected chairman (not necessarily a pharmacist) and replacing the secretary, Steve Axon, when he retires, with a chief executive. There are also plans to overhaul PSNC's various subcommittees and focus on getting LPCs in better shape to handle local negotiations.

Once these internal measures are in place PSNC has the option of revisiting the merger proposal, but that is unlikely to happen for at least 12 months. However, an eventual merger has not been ruled out, as was incorrectly reported elsewhere last week.

The NPA, meanwhile, considered the proposal as a matter of report at its Board meeting on Tuesday. Director John D'Arcy told *C&D* that the Board was sympathetic to the principle of creating a stronger voice for community pharmacy, but had made no decision on it.

The NPA chairman Ben Zatland said: "One of the things that has been said at the NPA roadshows is that pharmacy leaders never actually lead. Although I am not in total favour of the scheme which has been proposed, it is a scheme which has come from a leader and it is a shame it was not pursued further by PSNC.

"It is a pity it was not taken as a project template to produce unity. It was a way of opening the discussion. Without wanting to defend the detail, the principle is something we should all be pursuing. It should not be cast aside, and I hope it will not be."

The proposal to create a new organisation comes from the PSNC chairman, Wally Dove, who has spent considerable time in recent months canvassing groups likely to be affected, prior to putting the plan before PSNC. Although reportedly furious he had been outmanoeuvred at last week's meeting, he was in a more pragmatic mood this week.

He denies that his position as chairman is in jeopardy, but has indicated that he is not looking to stay on for more than a couple of years. "I have tried to flag up that it is not my intention to stay as PSNC chairman until I retire, and that the Committee needs to think of succession."

Ben Zatland

Wally Dove

For the Company Chemists Association, Boots superintendent pharmacist Digby Emson acknowledged that "informal soundings were made" regarding the proposal.

"The CCA is supportive in principle of a merger subject to appropriate arrangements being made for the representation of CCA members." Boots is the only large multiple not currently in NPA membership. He added that, merger or not, the CCA would continue to operate as a separate organisation. "I still think there is a pressing need for organisations to speak with one voice as much as possible."

Independent contractors on PSNC are concerned that a merger and reshaping of the representative body could mean multiple pharmacy interests drowning out the independent voice. As one put it: "It might be a united voice, but it would not be a representative one."

Key points from the Dove proposal

***C&D* has obtained a copy of the paper which Mr Dove put to PSNC, although he has refused to comment on it.**

It proposes the creation a new, strong, single representative body for community pharmacy owners and contractors in England and Wales, by bringing together the existing establishments of the PSNC and the NPA.

Key arguments and points are outlined below:

- **There is a widespread acceptance that community pharmacy is represented by too many organisations, which contributes towards a weak professional image.**

PSNC's future as a central negotiating body is uncertain as health service issues and funding shift to local level, a trend likely to be accelerated with the emergence of primary care trusts.

- **The NPA and the PSNC are seen by many as natural bedfellows, with a common history and significant overlap in terms of interests and membership. Creating a single organisation would streamline decision making and policy and enable community pharmacy to 'punch its weight' more effectively.**
- **The Dove proposal envisages a transition period of about two years during which both NPA and PSNC would operate autonomously, but would be overseen by a steering group comprising equal numbers from each organisation.**

Mr Dove suggests the size of the existing management committees of both PSNC and NPA (25 and 21, respectively) is too large. An optimal size would be 15. The steering group would have the task of determining the procedure for election to the management committee

Sub-committees operating below the management committee might consist of a core of management committee representatives along with co-optees recruited on the basis of their skills or interests. "A health economist may provide useful input to practice development or remuneration subcommittees."

Consideration needs to be given to representing the interests of employees, since neither PSNC nor the NPA provides for employee representation (although the model LPC constitution does).

A method for funding the new body would need to be agreed.

Constituency issues need to be addressed. Boots pays a levy to PSNC but is not an NPA member. The NPA has members in Northern Ireland and Scotland who are beyond the remit of PSNC. The Welsh Central Pharmaceutical Committee is now separately constituted and will need to become an integral part of the new body.

Scots audit support pack

The Royal Pharmaceutical Society's Scottish Department has launched its Pharmacy Audit Support Pack to generate awareness of it among policy makers.

The pack is aimed at supporting pharmacist involvement in multi-professional clinical audit. In particular, it should help support the implementation of clinical governance at a local level. Although the key users will be pharmacists in primary care, Scottish clinical audit fellow Fiona MacRae says that it has relevance for all pharmacists and other health professionals. All the case examples in the pack have a community pharmacy focus, she added.

Teaching materials in the pack are divided into: introduction to audit; audit methodology; evaluating and presenting audit results; and preparing an audit report. The pack itself is based on three main components:

- nationally approved audit teaching materials
- multi-disciplinary audit templates focusing on national priority areas
- audit and continuing professional development forms to support provision of continuing education time credits for participation in audit activity.

Templates in the pack include:

- generic prescribing and tablet strength rationalisation
- sublingual GTN and aspirin usage in angina
- continuity of medicines supply to patients with mental health problems
- supervised methadone
- statins, aspirin and lifestyle in coronary heart disease
- safe and supply of sugar free medicines.

The pack also includes overhead transparencies for teaching purposes and a CD-Rom of learning materials and Powerpoint files. It also has copies of other existing RPSGB audit templates.

Pharmacists have been using the pack since April. Jenny Hetherington, a community pharmacist from Tranent, was involved in a local pilot of the teaching materials. She thought the training was relevant and practical.

"I particularly valued the opportunity of critiquing previously undertaken audits and learning from the experience of other pharmacists," she said.

Fiona MacRae

Some 80 packs have been distributed across Scotland. People are encouraged to access the packs via their local pharmacy audit facilitators or pharmacy audit contact at health board level. It is also hoped that the pack will eventually be made available across Great Britain.

Copies of the distribution list are available from the Scottish Department on 0131 556 4386.

Scotland flu vaccine scheme encourages pharmacy supply

There will be changes to the flu vaccine stock order system in Scotland this winter, encouraging a national scheme through pharmacies.

The main points are:

- There will be a reference price of £3.99, regardless of brand, for flu vaccine supplied on stock orders.
- The on cost payment of 17.5 per cent will be replaced with a cold chain supply fee of 10 per cent.
- Doctors are being asked to write 'influenza vaccine' on all prescriptions or stock order forms.
- For contractors who do not dispense large quantities of flu vaccines, the PPD will accept endorsements when supply of a branded product is necessary. Contractors are asked to advise the Scottish Pharmaceutical General Council of any supply difficulties.
- PPD will continue to treat supplies as zero discount items.

This year, the flu vaccination programme will be extended to all people aged 65 and over. The SPGC June newsletter says the Scottish Executive expects a 50 per cent increase in flu vaccine uptake and is aware of the discounts on orders for large quantities.

"This national supply scheme, using local pharmacies, will ensure that patients get their vaccines and the NHS gets value for money," says SPGC. The Executive will issue a circular stating to primary care trusts that there should no longer be a need for local schemes.

- The Scottish Executive is supporting the extended flu vaccination programme with up to £4.5 million.

NICE review after further 'leak'

The National Institute for Clinical Excellence is to review its consultation process after its preliminary decision on beta-interferon was leaked to the media last week.

NICE was "extremely disappointed that the confidentiality of its appraisal document has not been respected", in spite of increased security arrangements and confidentiality agreements with all consultees.

The Institute's chairman, Professor Sir Michael Rawlins, said that, to avoid further uncertainty for patients, he had no option other than to confirm the appraisal committee's provisional opinion that beta-interferon and glatiramer should not be available on the NHS for multiple sclerosis patients who were not already receiving these drugs. "This is because, on the basis of a very careful consideration of the evidence, their modest clinical benefit appears to be outweighed by their very high cost," he said.

The appraisal process allows for consultation with patient and professional groups and with manufacturers, and for an appeal, before guidance is issued. The consultation stage for beta-interferon and glatiramer ends on July 17. Sir Michael said the institute was a long way from making its final decision.

The Association of the British Pharmaceutical Industry supported the review of the process by which NICE distributes confidential papers.

"This is a matter not just of commercial confidentiality – for thousands of MS patients, the premature release of the provisional recommendation will only increase uncertainty and anxiety," the ABPI commented.

Our lobby correspondent writes: The backlash from patients' groups was embarrassing for the Government because it has brought ministers face to face with the problem of rationing on the NHS.

They had hoped that NICE would avoid ministers being embroiled in decisions, but strong appeals were being made by ministers to override any final decision by NICE.

Pharmacists set to extend roles in NHS plan

Community pharmacists are to be given an expanded role to improve 24-hour access to the NHS under the Government's NHS national plan to be unveiled by the Prime Minister.

Leaked documents from the Department of Health's action teams show that the Government will propose extending the role of community pharmacists to treat symptoms and provide medicines for minor ailments. There will also be more prescribing by nurses. GPs are to be told to spend less time treating minor cases and non-clinical duties such as signing sick notes.

There could be more effort, however, to bring community pharmacists under the umbrella of primary care provision.

The working party under Lord Hunt, the Health Minister, found that access to community pharmacies was 'patchy' and information about opening times could be hard to find.

"Patients are dissatisfied with the poor accessibility and inconvenience of NHS services. Provision of primary care services outside office hours is still limited, patchy and unrelated to patients needs. Twenty per cent of people in work put off going to their GP because of inconvenient surgery hours and 29 per cent are having to wait two or three days for a GP appointment."

LibDems bargaining to cut drug costs

The Liberal Democrats plan to create a new Pharmaceutical Agency to barter with drug companies to cut the NHS drugs bill.

With the savings made, patients would only have to pay for one prescription and not per item. Party leader Charles Kennedy says the present self-regulatory pricing system is informal and lacks transparency. A more efficient and transparent system would help end the post code lottery by making more treatments more widely available.

The new agency would use its bargaining power to buy drugs at competitive prices and open up the supply of generics to competitive tender.

The agency would cost £1 million to set up and a total of £101m over five years. But the Liberal Democrats calculate it would save £0.85 billion a year or £3.41bn over five years, based on the current annual increase in the drugs bill of 12 per cent. The cost of implementing a per-prescription charge would be £50m a year.

Working closely with the National Institute for Clinical Excellence, the agency would review and publish regular updates of a schedule of drugs available on the NHS. Appropriate drugs would be available for each therapeutic area and the agency would promote generic substitution, both in the list and at local level.

The proposal is based on the New Zealand model (PHARMAC) for drugs purchasing and negotiation for the health service, which has a number of methods of restricting costs.

N IRELAND NOTEBOOK

Northern Pharmacies stuck in a rut

A recent letter from the Trustees of Northern Pharmacies Ltd reminded me of those exciting days in the late 1960s when there was real fire and passion at 73 University Street. The political hot potato then was health centre pharmacies – and should we or shouldn't we provide our services from these newly developing one-stop health units. PSNI firmly backed the move but Council members standing for re-election in that year lost their seats at an AGM held with an audience in near anarchy.

Out of that idealism, dynamism and chaos Northern Pharmacies was born, and I became a member, pledging my £10. Craigavon was a huge commercial success and the company became strong supporting the purchase of other marginal pharmacies. But the ideological ambition did not match the commercial success. Nothing really seemed to happen for many years as Northern Pharmacies became consumed by bureaucracy.

> "New ideas were not getting a fair hearing and were not being championed"

With the founding fathers in charge, as essentially they remain, new ideas were not getting a fair hearing and were not being championed. The trustees seemed to react to funding proposals rather than planning and directing work to be undertaken. The pharmacies owned by the company should be the epitome of cutting edge practice with adequate resources having been made available out of the trust fund, but this hasn't happened.

Northern Pharmacies Ltd belongs to the pharmacists of N Ireland or, more correctly, to those who have pledged their £10. The company's profits should be more strategically and energetically channelled to develop the profession. I welcome the letter announcing the expenditure analysis looking at the costs of providing a comprehensive pharmaceutical service. As Derek Corebett says: "Northern Pharmacies is like no other company on these islands." He is right, and perhaps there is still time for Northern Pharmacies to live up to the dream.

Written by a practising N Ireland community pharmacist

Xrayser

Topical Reflections

Not happy as the piggy in the middle

The game of bluff and counter bluff between the Department of Health and the generics industry is continuing. A list of revised prices has been issued by the Department in response to the industry's threat to stop manufacturing generics where it is claimed it would be uneconomic (*C&D* June 24, **Business News**).

From the published extract of the list (I tried to access the DoH web site but a connection could not be established!), I can see that the Government has moved to more realistic maximum prices. But it still has not addressed the fundamental problem that it has moved the goal posts, both on the mechanism for establishing a fair Tariff price and on meeting the problems of drugs in short supply (Category D).

I know I have been told that I am an innocent party in all these shenanigans, but if nothing is satisfactorily resolved before August then, innocent or not, I will be up the creek without a paddle along with my local doctors and irate patients.

In the past few weeks the prices of many popular generics have dropped through the floor, so vindicating the Government's earlier statements. But now that the market has demonstrated the truth of its assertions, our friends in Richmond House should accept that the way forward is not to continue with these draconian measures.

The DoH should instead respond to the very real concerns of the industry and community pharmacists by instituting proper negotiations to once and for all resolve this whole issue in a mutually satisfactory way.

This Enigma is worth watching

To me the Mediphase PMR/endorsing software originally developed by Maurice Leaman is still the benchmark pharmacy dispensary programme, so any new software emanating from the same quarter should be taken seriously.

I like the concept of the latest offering from Mr Leaman, called Enigma, because it is not just a repeat request system. It enables the patient to become involved, if they wish, in the process of managing their own medication. I suspect that at the moment enthusiastic patients are probably thin on the ground. Although it is popularly assumed that the older generation presently find computers confusing, this could change overnight when interactive internet facilities become available through the TV.

I will certainly write to Enigma Health UK for more information but, more importantly, to be kept fully informed with developments. I have complained in the past that systems designed to ease the cumbersome process of repeat prescriptions rarely offer a level commercial playing field to participating pharmacists but at first sight Enigma seems to have avoided that criticism. For that alone I am pleased and will watch this developing baby with interest.

Should a 10 stone 12-year-old be treated as an adult?

The new package design for Midrid is certainly superior to the old, and as a product it definitely has a place in migraine treatment. I was recently surprised, however, by a customer who, while pleased with its control of his migraine, asked me whether it would be a suitable product for his 12-year-old son.

I automatically read the packaging and then the patient information leaflet. The PIL was extremely comprehensive, but when it came to dosage, the only reference to children was the statement that it should only be taken by adults.

To my customer this begged the question, because his child was a big lad and, at ten stone in weight, as large as many an adult double his age.

I erred on the side of caution and advised that the 12-year-old should not try Midrid and, in any case, the diagnosis should really be medically confirmed before any medication was given. But after the event I went to the Data Sheet and, once again, no information was provided other then that it was unsuitable for children.

So the question remains, when does a child, pharmaceutically speaking, become an adult? I am sure the information in the PIL is sufficient to satisfy the requirements of the Medicines Control Agency but I feel both the customer and advising professionals deserve more guidance in this area than the present unsatisfactory 'only suitable for adults' statement in the data sheet.

I suppose a telephone call to regional drug information, or one to the manufacturer's in-house information line is the next step in resolving this little conundrum

First steps on EHC discussed in Northern Ireland

Northern Ireland pharmacists are likely to receive training on emergency hormonal contraception through NICPPET, with a scheme developed with the Royal Pharmaceutical Society.

At its May meeting, the Pharmaceutical Society of Northern Ireland Council heard that the RPSGB had discussed the developing training package and its availability to pharmacists in Northern Ireland. The director of the NI Family Planning Service, Dr Olga Elder, is also keen to promote co-operation between pharmacists and GPs on EHC.

Among the concerns identified already by PSNI are the issues of sexual health, the differences in the age of consent between Great Britain and Northern Ireland, a potentially greater level of religious objections in Northern Ireland, and the problem of pharmacists identifying a patient's age.

With work in Great Britain including an RPSGB policy on sexual health, plus pilot schemes for pharmacist supply of EHC, and with the prospect of EHC becoming available over the counter, the PSNI practice committee is to draw up a response for Council to debate.

CPD project Funding of £135,000 for a three-year project on continuing professional development has been discussed, but not agreed.

Terry Maguire, NICPPET director, said that funding the project, 'A CPD total quality management scheme for pharmacists and for pre-registration training in Northern Ireland', was unlikely to be available this financial year.

MLX 260 The Northern Ireland pharmacy organisations' replies to the consultation legislating on patient group protocols (MLX 260) expressed stronger concerns than from other parts of the UK. The Central Pharmaceutical Advisory Committee has discussed the implications of the letter, and it understood that the legislation to implement MLX260 would require signatures from both of the health ministers in Westminster and in Northern Ireland.

PSNI web site The Society is willing to fund a £5,000 deficit in setting up a PSNI web site. The Council said that there was support for a unified approach to developing the site.

MLX 262 The Society was to respond to the consultation, which lists various proposals for P to GSL switches, that all medicines should be controlled by the pharmacist.

Chief executive's report The Society was still awaiting the architects report on the Society's house.

Register A reciprocal registration was accepted for Emma Katherine Tyrell Williams.

Sharing out services in primary care

A Berkshire scheme for methadone treatment has boosted the number of drug misusers being treated in primary care.

Department of Health targets were to have 20 per cent of GPs prescribing for drug misusers. The 'four-way agreement' has seen all four primary care groups in west Berkshire achieve this target, with the average across the four at 44 per cent. The scheme is now expected to roll out across the rest of Berkshire, said Marion Walker, the pharmacist who helped devise the scheme.

The four-way agreement is a system for organising shared care and treatment of substance misusers who are prescribed methadone, she told the 150 pharmacists attending the final Royal Pharmaceutical Society 'Over to you' roadshow in London on Sunday.

The agreement brings GPs, the local drug team, pharmacists and patients together. "From the start it was clear that all the groups had their own individual problems and barriers. But there were also common links," said Ms Walker.

"What everyone wanted was a level playing field, a shared set of rules with a single formal contract," she said. The four-way scheme means that a patient is now assessed by a drug support service key worker. The patient is asked to nominate a GP and a pharmacy. The key worker will liaise with the GP and pharmacist on behalf of the patient. The pharmacist then has the choice of whether to take on the patient.

"It is important to the overall success of the agreement that the pharmacist feels that they are in control of the process," said Ms Walker. But she also stressed the importance of appropriate remuneration: "Experience has taught me that remuneration is the key to any successful scheme of this kind. If those participating have confidence in the payment system, then they will have confidence in the alliance itself."

The second local presentation looked at the Barnet Primary Care Development fund. This has been working to improve Barnet's health services by developing the quality and range of care provided, enhancing primary healthcare team skills and funding services in primary and community care settings to provide a high-quality alternative to hospital services.

Decisions on how to use the development fund are made by a community pharmacy development group, explained pharmacy advisor Mike Beaman. "Of the 80 community pharmacies in Barnet, around 30 per cent regularly get involved, and ... it's not always the same ones," he said.

Training is the key to project success. The most successful scheme so far has been High Street Health. This offers pharmacists training in wider issues of healthcare, including interpersonal skills and communication, "areas that are all too often overlooked".

Community pharmacist Gerald Zeidman explained how he is involved in training carers about medicines they are handling. His advice for allowing him to spend time away from the pharmacy was to have a good locum.

In terms of taking on new roles, he said that pharmacy has to be part of the new mix that is happening as the primary care groups break down old barriers.

"The fund has brought pharmacists together, building not only a strong network, but also helping pharmacists involved to realise that we share a lot of common ground whether we work in multiples, supermarkets, independently or as locums."

Speakers at the roadshow were: back row from left, Michael Bland, Anne Adams, Marion Walker, and Roger Odd; and front row from left Mike Beaman and Gerald Zeidman

ESSENTIAL INFORMATION

Imodium™ Plus

Presentation: Chewable ta containing Loperamide Hydrochl Ph Eur 2mg and Simethic USP equivalent to 12 polydimethylsiloxane. **Indicati** Imodium Plus is indicated for symptomatic treatment of a diarrhoea in adults and adolescents 12 years when acute diarrhoe associated with gas-related abdon discomfort including bloating, cramp flatulence. **Dosage and administrat** Adults over 18: Two tablets init followed by one tablet after every l stool. Young adults age 12-18: 1 ta initially followed by one tablet each loose stool. Not to be use children under 12 years. **Maxin dose:** Four tablets in 24 hours, limit no more than 2 days. **Cor indications:** Hypersensitivity to component of the product. A dysentery characterised by bloo stool or high fever. Imodium contains sorbitol and should there not be used in patients with sor intolerance or fructose intolerance (i. fructose -1,6-diphosphatase deficien Avoid when inhibition of peristals undesirable. Acute ulcerative coliti antibiotic-related pseudomembran colitis. **Precautions:** In patients (severe) diarrhoea, fluid and electro depletion may occur. In such ca appropriate fluid and electro replacement should be considered symptoms persist for more than hours, treatment should be stopped a doctor consulted. Imodium should only be used during pregna or lactation on the advice of a do Medical supervision is required patients with severe liver dysfunct Diarrhoea should be treated causal possible. Drugs prolonging intest transit time can induce developmen a toxic mega colon. Discontinu constipation and/or abdom distension develop. **Side effe** Nausea, hypersensitivity reactions (skin rash), headache, dry mouth, cou chills, taste disturbance, constipat and/or abdominal distension. Ra paralytic ileus, usually follow improper use. **Treatment of overdos** CNS depression or paralytic ileus oc following an overdose, naloxone can given as an antidote. Repeated dose naloxone may be required. The pat should be monitored for CNS depres for at least 48 hours. **Price:** 6 tab £3.45, 18 tablets £7.95. **Legal categ** P. **PL:** 13249/0020. **PL Holder:** John & Johnson.MSD Consur Pharmaceuticals, Enterprise Hou Station Road, Loudwater, H Wycombe, Bucks, HP10 9UF.

COMPLETELY YOURS.

Contains loperamide and simethicone

The only pharmacy diarrhoea product that can provide fast, complete relief from all diarrhoea symptoms.

Certainly loperamide treatments alone can stop diarrhoea, but it is the addition of simethicone, unique to Imodium Plus, that now provides a new level of faster relief. By working gently with the body, Imodium Plus also calms the wind, cramps and bloating often associated with diarrhoea.

Unlike loperamide, Imodium Plus is a pharmacy-only product exclusively yours to recommend. It will be extensively advertised and supported to help achieve maximum awareness and drive pharmacy sales. Should you require a pharmacy support pack or full product information simply ring 0800 3890030.

Imodium Plus is your complete answer for diarrhoea symptoms.

Johnson & Johnson MSD
CONSUMER PHARMACEUTICALS

Further information is available from: Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF. Tel: 01494-450778

Script specials

Glaxo Wellcome launches new inhaler

GlaxoWellcome has launched Seretide Evohaler – a CFC-free metered dose inhaler.

Seretide Evohaler comes in three strengths: each contains salmeterol xinafoate equivalent to 25mcg of salmeterol per actuation, and either 50, 125 or 250mcg of fluticasone propionate. Each inhaler contains 120 actuations. Seretide Evohaler is indicated for adults and adolescents over 12 years old. It uses the non-CFC propellant HFA 134a.

Basic NHS prices are £19.50 for the 50mcg strength, £39.41 for 125mcg and £66.98 for the 250mcg strength.

Glaxo Wellcome UK Ltd.
Tel: 020 8990 9000.

'Survival guide' for pharmacists

'Clinical pharmacy survival guide', a new pocketbook, provides a quick reference to all aspects of clinical pharmacy.

Succinctly written, topics include clinical trials, over the counter prescribing, substance misuse, adverse drug reactions and drug monitoring for patients with specific diseases; extensive use is made of tables and charts.

Nick Barber, professor of the practice of pharmacy at the London School of Pharmacy, and Alan Willson, director of patient care at Iechyd Morgannwg Health, are editors. Contributors include Professor Clare Mackie, head of the school of pharmacy at Robert Gordon University; Roger Walker, professor of pharmacy practice at the Welsh School of Pharmacy; and Erica Barrie, secretary to the Welsh Executive, RPSGB.

● 'Clinical pharmacy survival guide'. Nick Barber and Alan Willson. Churchill Livingstone. ISBN 0443 06477 6. £14.95.

One in five is obese

A summary of obesity's impact on health has been presented to the NHS Confederation conference.

'The missing link', presented by Dr Susan Jebb, head of nutrition and health at the Medical Research Council, reveals that more than half of adults in the UK are overweight and almost one in five is obese.

Obese people are twice as likely to die from cardiovascular disease. Obese men are at least seven times, and women at least 2" times, more likely to have type 2 diabetes. Obese men are 33 per cent more likely to die from cancer; obese women, 55 per cent. The latter are 37 per cent more likely to be diagnosed with major depression and 23 per cent more likely to attempt suicide.

"Obesity is a missing link in the chain of health problems such as type 2 diabetes, coronary heart disease and cancer," said Dr Jebb. She hopes the report will encourage policy makers to take positive action to combat the growing problem of obesity.

Zyban to be available on FP10

Zyban, the first non-nicotine pharmacological treatment licensed in the UK to help smokers who are motivated to quit (*C&D* June 17, p10), is to be available on FP10.

Zyban is nearly twice as effective as nicotine patches in helping smokers quit. One study showed that about 30 per cent of people who took Zyban were not smoking after one year. It can be used in conjunction with NRT, although this is not proven to be more effective than Zyban alone. About five million people have already taken Zyban for smoking cessation.

A personalised patient support programme for those taking Zyban, the 'Right Time Programme', includes a stop smoking action plan, health benefits chart, access to the QUIT helpline, and motivational letters timed to arrive at key stages in the quitting process.

Pharmaceutical Press – new editions

The Pharmaceutical Press has published new editions of two of its titles – 'Minor illness or major disease?' and 'Pathology and therapeutics for pharmacists'.

The third edition of 'Minor illness or major disease?' has been completely revised and updated to reflect recent changes in therapeutics and practice. Written by a pharmacist and a GP, it describes a rational approach to establishing whether symptoms are minor and can be dealt with by the pharmacist, or whether referral to a doctor is necessary.

Advice is given on selecting appropriate OTC medicines, and a summary of conditions and advice on when to refer are presented at the end of each chapter. Case studies illustrate the role of the pharmacist.

The second edition of 'Pathology and therapeutics for pharmacists' has been completely revised and updated to reflect recent advances. Its new two-colour design improves clarity and coherence and aids study. The book takes an integrated approach to the pathophysiology and pharmacotherapeutic principles underlying disease treatment. It is written by two lecturers from the pharmacy department at Kings College London.

● 'Minor illness or major disease', third edition. Clive Edwards and Paul Stillman. Pharmaceutical Press. ISBN 0 85369 447 8. £19.95.

● 'Pathology and therapeutics for pharmacists', second edition. Russell Greene and Norman Harris. Pharmaceutical Press. ISBN 0 85369 373 0. £39.95.

MEDICAL MATTERS

Statins increase bone-mineral density

Oral statins have been associated with a significant increase in bone-mineral density in post-menopausal women, in a study published in *The Lancet*.

A population-based cohort study of 1,003 women in the UK, seen annually since 1989, contained 41 who were taking statins at the time of a bone scan. The most commonly used was simvastatin, then pravastatin, atorvastatin, and fluvastatin. Median length of use was 48 months. Each woman was matched with two or three controls, closest in age and date of the scan.

Bone-mineral density at the spine and hip was significantly higher in the statin users than the controls, even when those taking HRT were excluded.

Statins decrease the production of mevalonate, a precursor of cholesterol production, by inhibiting HMG-CoA reductase. This pathway is important in the action of certain antiresorptive biphosphanates used to treat osteoporosis. The researchers suggest their findings may have major implications for future osteoporosis treatment aimed at inducing bone formation.

IN BRIEF

Aveeno Colloidal launched

Bioglan is launching Aveeno Colloidal sachets as a direct replacement for Aveeno Oilated sachets, which are now discontinued. The new bath additive contains colloidal oatmeal 36 per cent and mineral oil 16 per cent. The basic NHS price for a pack of ten 50g sachets is £7.33, retail price £12.92.

Bioglan Laboratories Ltd.
Tel: 01462 438444.

New Evorel and Conti packs

Janssen-Cilag is to launch a 3x21 Evorel 50 pack and a 3x21 Evorel Conti pack in mid-July. The basic NHS prices will be £19.44 and £38.20, respectively. The one-month packs will continue to be available at their existing prices.

Janssen-Cilag Ltd.
Tel: 01494 567567.

Changes to Casodex SmPC

Changes have been made to the SmPC for Casodex (bicalutamide). Co-administration with terfenadine, astemizole or cisapride is now contraindicated. Dosage reduction may be necessary for drugs with a narrow therapeutic index, such as cyclosporin and calcium channel blockers.

AstraZeneca UK Ltd.
Tel: 01923 266191.

Transcath long-term catheters

SIMS Portex is launching a new range of silicone long-term catheters. Transcath catheters will be available as three-way with 5-10ml or 30ml balloon, two-way with a 5-10ml or 30ml balloon, and two-way paediatric. It is also launching Transfix Style 1, a range of silicone one piece standard 9cm sheathes.

SIMS Portex Ltd.
Tel: 01303 260551.

Pariet price cut

The NHS price for Pariet 10mg and 20mg has been cut by over 4 per cent. New prices are £12.43 for the 10mg tablet and £22.75 for the 20mg

Eisai Ltd.
Tel: 020 8600 1400.

Searle takes over Co-Betaloc

Searle is taking over ownership of Co-Betaloc and Co-Betaloc SA from AstraZeneca.

Searle, division of Monsanto plc.
Tel: 01494 521124.

Diocalm

ULTRA SUPPORT IN PHARMACY

Your recommendations are important to the continuing success of Diocalm, so we're giving Pharmacy our full support again this summer. Here are three good reasons to recommend Diocalm:

- **High consumer awareness**
  Our biggest ever national radio campaign
- **Excellent profit opportunity**
  Superb trade deals and high cash profit
- **Committed to pharmacy**

STOPS DIARRHOEA FAST

Diocalm Ultra Essential Product Information **Presentation** Capsules with opaque turquoise caps and opaque white bodies. Each capsule contains Loperamide Hydrochloride EP 2.0mg. **Uses** For the symptomatic relief of acute diarrhoea. **Dosage and Administration** For oral administration. *Adults and children aged 12 years and over* Two capsules immediately, followed by one capsule after each further bout of diarrhoea up to a maximum of 8 capsules in any 24 hours. Not to be given to children under 12 years. *Elderly* The adult dose may be taken. **Contraindications Warnings etc** *Contraindications* Hypersensitivity to the active ingredient. Conditions where inhibition of peristalsis is to be avoided, eg. Constipation, diverticular disease and acute ulcerative colitis. *Other Special Warnings and Precautions* The product should be used with caution in cases of impaired liver function. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist for more than 24 hours, consult a doctor. As well as taking Diocalm Ultra, it is important to replace body fluids lost during diarrhoea. If symptoms are severe, rehydration therapy should be taken. If you are pregnant, consult your doctor before use. *Use in Pregnancy and Lactation* The product should only be taken under medical supervision. Caution is advised during lactation. *Undesirable effects* Rarely skin rashes including urticaria have been reported. *Overdosage* The following effects may be observed in cases of overdosage: constipation, ileus and neurological symptoms. Treatment would be symptomatic. In severe overdose naloxone can be given as an antidote if required. **Legal Status** 6 capsules GSL 12 capsules P. **Pharmaceutical Precautions** None. **Packs** Packs of 6 and 12 capsules. **Price** RSP 6 capsules £2.99, 12 capsules £4.95. **Product Licence Number** PL11314/0068. **Product Licence Holder** Seton Products Ltd, Tubiton House, Oldham OL1 3HS, England. **Distributor** SSL International plc, Tubiton House, Oldham OL1 3HS. **Date of Revision** May 2000.

Diocalm Dual Action Tablets Essential Product Information **Presentation** Brown tablets with a smooth, slightly mottled appearance, free from dirt spots and with a break-line on one face and DIOCALM engraved on the other face. **Each tablet contains** Morphine Hydrochloride BP 0.395mg, Activated Attapulgite BP 312.5mg and Attapulgite BP 187.5mg. **Uses** For the relief of occasional diarrhoea and its associated pain and discomfort. **Dosage and Administration** For oral administration. The tablets should be chewed and then followed by a drink of water. *Adults and children aged 12 years and over* Two tablets. *Children aged 6 to under 12 years* One tablet. *Elderly* As the adult dose. The recommended dose should be taken every 2 to 4 hours as required according to the severity of the symptoms. Do not take more than six doses in any 24 hours. Not to be given to children under 6 years. **Contraindications, Warnings etc** *Contraindications* Patients with impaired renal function. Hypersensitivity to any of the active ingredients. *Other Special Warnings and Precautions* Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist for more than 24 hours, consult a doctor. As well as taking Diocalm, it is important to replace body fluids lost during diarrhoea. *Use in Pregnancy and Lactation* There are no known contraindications to the use of this product during pregnancy and lactation but, as with all medicines, caution should be exercised. *Undesirable effects* None. *Overdosage* Overdosage is considered a theoretical possibility but, in practice, not a significant hazard with the small level of morphine in the product (40 tablets contain 15.8mg of morphine hydrochloride, an analgesic dose). Larger doses would cause nausea, vomiting, constipation, drowsiness, and confusion. Convulsions may occur in infants and children. Morphine dependence is not considered to be a likely problem with the low doses of morphine present in the product. Treatment: After emptying stomach by aspiration and lavage, treatment is symptomatic. A laxative may be given to aid peristalsis. **Legal Status** P. **Pharmaceutical Precautions** None. **Packs** Packs of 20 and 40 tablets. **Price** RSP 20 tablets £3.29, 40 tablets £4.95. **Product Licence Number** PL11314/0067. **Product Licence Holder** Seton Products Ltd, Tubiton House, Oldham OL1 3HS, England. **Distributor** SSL International plc, Tubiton House, Oldham OL1 3HS. **Date of Revision** May 2000.

Counterpoints

Maca offers a natural lift

Pharmadass is launching a Maca supplement in its HealthAid range of herbal products.

Maca is a vegetable tuber from the Peruvian Andes that is rich in vitamins and minerals including vitamin C, zinc, calcium, magnesium, silica, phosphorus and potassium. It is also a rich source of plant sterols that may help to balance hormones such as testosterone, progesterone and oestrogen in both men and women.

Maca tablets and liquid can be taken as a food supplement by people of all ages who are seeking a natural lift to their energy, stamina and drive.

Each tablet contains 500mg of powdered Maca root. Maca liquid, a full spectrum tincture, is suitable for dilution into other liquids. Retail prices are £4.56 for the tablets (60s) and £2.85 for the liquid (50ml).

Pharmadass Ltd.
Tel: 020 8991 0035.

'Nature's magnet' attracts selenium

Natrahealth is launching Indian Mustard Enriched with Selenium, the first in its range of Indian Mustard products, which contains the optimal daily dose of selenium in a highly bioavailable form, as well as naturally sourced vitamins A, C and E.

Dubbed 'nature's magnet', Indian Mustard is an edible member of the mustard family (Brassicaceae) that absorbs large amounts of minerals from its environment, accumulating them in its stems and leaves.

The one-a-day tablet contains selenium 100mcg, vitamin A – 50 per cent RDA, vitamin C – 50per cent RDA, and vitamin E – 50 per cent RDA. A pack of 60 tablets retails at £4.49.

Nutralife (UK) Ltd.
Tel: 01732 466736.

United Kingdom	Pollen level this week	Same week last season	Predominant pollen this week	Status	No. of weeks on status
BIRMINGHAM	11.6	11.2	Grass	Alert	3
BRISTOL	9.9	9.6	Grass	Alert	2
GLASGOW	7.8	9.5	Grass	Alert	2
LEEDS	11.5	11.1	Grass	Alert	3
LONDON	11.3	10.9	Grass	Alert	3
MANCHESTER	11.5	11.4	Grass	Alert	2
NEWCASTLE	11.4	10.9	Grass	Alert	9
NORWICH	11.6	10.8	Grass	Alert	3
PLYMOUTH	10.3	10.4	Grass	Alert	3

Farley's tempts babes with mini breadsticks

Heinz Infant Feeding is expanding its finger foods for babies with the launch of a new breadstick in its Farley's range.

Farley's Breadsticks are specially designed for babies' small hands, mouths and less developed taste buds.

Small and chunky in design, the breadsticks are easy for little hands to hold, encouraging hand to eye co-ordination and chewing skills.

The breadsticks soften in babies' mouths and are nutritionally fortified with iron for healthy blood and thiamin for energy release. They contain no added salt. Each box includes eight travel packs, each containing four breadsticks that are foil wrapped for freshness.

The launch will be supported by direct mail advertising within the Farley's & Heinz 'Baby at Home' programme, couponing and sampling to 90 per cent of mums.

Heinz predicts that the breadsticks will bring fresh interest to the £10.8 million infant finger food fixture and will increase the total market size by drawing new parents to the sector.

Retail price for a 90g box of breadsticks is £1.15.

Heinz Infant Feeding.
Tel: 020 8573 7757.

Snorenz withdrawn pending court case

Med Gen Inc, the Florida-based firm that supplies Snorenz, an anti-snoring product, is in litigation with its former UK distributor Passion for Life.

Passion for Life has allegedly tried to register Snorenz as its own trademark, and it is distributing a competing remedy called Snoreeze, which it says is replacing Snorenz.

The connotation, according to Med Gen, is that Snorenz is no longer available.

A trial date has been set for mid July in the High Court in London.

Snorenz has been temporarily withdrawn until the court case is over.

Summer boost for Diflucan One

Pfizer Consumer Healthcare is introducing a new look for its Diflucan One oral treatment for vaginal thrush.

The eye-catching new metallic packs are silver, aqua and mauve. Increased emphasis is now placed on the 'One' to show that only one capsule is required to clear thrush. The letters 'Di' are also emphasised to aid pronunciation of the brand name, making it easier for trialists at point of purchase.

Diflucan One will be supported by a new £500,000 press campaign in women's magazines during the summer. In addition, the brand's 'restaurant' TV commercial will be screened during July and August.

Pfizer Consumer Healthcare.
Tel: 01420 84801.

DON'T LET HER ANTIHISTAMINE AFFECT HER EXAM RESULTS

It is well accepted that first generation antihistamines, such as chlorpheniramine and diphenhydramine, may frequently cause drowsiness.[1-5] But some second generation antihistamines are not without sedative risks. A recent post-marketing surveillance study involving 43,363 patients found that cetirizine and acrivastine were approximately 3.5 and 2.5 times ($p<0.0001$) more likely to result in reports of sedation, respectively, than Clarityn Allergy.[5]

In addition, a study in atopic children showed that untreated hayfever adversely affected learning ability and a sedating antihistamine exacerbated this. However, children treated with Clarityn Allergy showed superior learning performance to those treated with either placebo or a sedating antihistamine.[6] That's why it's important to recommend Clarityn Allergy, especially around exam time. Clarityn Allergy is a truly non-sedating antihistamine that can relieve all their hayfever symptoms[7,8] – without adversely affecting their exam results.[6]

Clarityn Allergy Prescribing information: Clarityn Allergy Tablets contain 10mg loratadine. Clarityn Allergy Syrup contains 5mg loratadine per 5ml. **Indications:** Adults and children aged 12 and over: Relief of symptoms associated with seasonal and perennial allergic rhinitis and idiopathic chronic urticaria. *Children aged 2 to 12 years:* For the symptomatic treatment of hayfever and allergic skin conditions, such as urticaria. **Dosage:** Adults and children aged 12 and over: One 10mg tablet or two 5ml spoons of syrup once daily. *Children aged 6 to 12 years:* Two 5ml spoons of syrup once daily. *Children aged 2 to 5 years:* One 5ml spoon of syrup once daily. **Contra-indications, precautions:** Hypersensitivity. Pregnancy and lactation. Safety in children under 2 years. **Side-effects:** Rarely, fatigue, nausea, headache, alopecia, anaphylaxis, abnormal hepatic function, supraventricular tachyarrhythmias. Tachycardia and palpitations have also been reported rarely although causal relationship has not been established. Concomitant administration of drugs which inhibit P450 3A4 and 2D6 metabolic pathways may result in elevated plasma levels of loratadine or the pharmacologically active metabolite. **Basic NHS cost:** Packs of 7 tablets: Bottles of 60ml syrup. **Retail price:** Tablets £4.25; Syrup £6.99. **Legal category:** P **Product licence numbers:** Tablets 0201/0175; Syrup 0201/0173. **Product licence holder:** Schering-Plough, Shire Park, Welwyn Garden City, Hertfordshire AL7 1TW. **Date of revision:** August 1997. **References:** 1. Simons FER. Drug safety 1994; **10**(5): 350-380. 2. Simons FER. J Allergy Clin Immunol 1989; **84**(6, part 1): 845-851. 3. Simons FER *et al.* J Allergy Clin Immunol 1999; **82**: 157-160. 4. Hindmarch I, Shamsi Z. Clin Experimental Allergy 1999; **29**(Suppl. 3): S133-S142. 5. Shakir S. Data presented at BSI/BSACI meeting, 30 November - 2 December Harrogate 1999. 6. Vuurman EFPM *et al.* Ann Allergy 1993; **71**(2): 121-26. 7. Siegel S *et al.* Allergy 1988; **43** Suppl. **7**: 5. 8. Meltzer EO *et al.* J Allergy Clin Immunol 1998; **81**: 47. Available

SCHERING-PLOUGH CONSUMER HEALTH

Curl up with new mascara

Collection 2000 is launching a new mascara designed to provide optimum curl for lashes.

True Curl Mascara helps lift, curl and lengthen lashes. The formulation includes panthenol to condition the lashes.

The mascara features a curved brush with fine, shaped filaments to give even coverage from root to tip.

Available in black only, it has a fragrance-free formula.

Retail price is £2.29.

Collection 2000 Ltd.
Tel: 01695 50078.

Charlie bursts with Urban Energy

Revlon has added a new fragrance to its Charlie range. Charlie Urban Energy is a purple coloured, fruity, floral fragrance targeted at 'the modern, trendy urban girl'.

The fragrance has top notes of bergamot, mandarin, grapefruit, pineapple, cassis, red fruits and tomato leaf. It has mid notes of muguet, orange flower, rose, geranium, jasmine and plum with a drydown of sandalwood, heliotrope and musk.

The range comprises three sizes of edt (rsp £5.95, 15ml; £8.95, 30ml; £11.95, 50ml) bodyspray (rsp £1.99) and body spritz (rsp £6.95).

Revlon is launching a one-ended jumbo pencil that is designed to give complete colour for the whole face.

The 3 in 1 Color Stick (rsp £6.95) is suitable for use on the cheeks, eyes and lips.

Available from July 12, the pencil comes in four shades – peach, mauve, petal and bronze.

Revlon International Corporation.
Tel: 020 7629 7400.

Sun In gel for more precise highlighting

Chattem (UK) is launching a new highlighting gel in its Sun In Hair Lightener range.

Sun In Precision Highlighting Gel is formulated to give consumers more control in achieving a precise, subtle, highlighted look.

The product is applied to damp hair using the fingertips and the gloves provided. The heat of a hair dryer and the sun will activate the product.

If a more dramatic effect is required, the process can be repeated.

The Sun In gel and sprays will be supported by a £250,000 advertising campaign in women's magazines this summer.

The gel is packaged in eye-catching silver packaging. Retail price is £5.55 for 140g.

Chattem (UK) Ltd.
Tel: 01256 844144.

Mavala pen is right on the nail

Mavala has relaunched its Scientifique Nail Hardener in a pen applicator.

The pen features an easy-to-use felt tip applicator and quick-drying formula.

The product is designed to strengthen nails within a month if used once a week.

It is formulated to bond the three layers of the nail plate together to strengthen the nail and enable it to recover its normal rhythm of growth.

An attractive counter unit displays 12 pens.

Retail price is £8.95 for 3.5ml.

Mavala UK Ltd.
Tel: 01732 459412.

Calvin Klein reveals the Truth behind the senses

Calvin Klein Cosmetics will launch a sensual, new Calvin Klein fragrance on September 25.

The Truth Calvin Klein fragrance range comprises four collections – fragrance, body luxuries, bath luxuries and bedtime luxuries.

Instead of having a top, middle and bottom note, the fragrance is described as having two distinctive 'accords' – lush and sensual.

The lush accord is a blend of bamboo, patchouli, vetiver, wet woods, white peony, white clover and sapling. The sensual accord includes bio vanilla, white amber, silk tree flower, acacia flower woods and musk.

These two accords combine to create the sensual and woody signature fragrance used in the parfum, edp and body luxuries.

The bath luxuries only contain the fresh lush accord and are enriched with a blend of vitamin and botanicals to nourish the skin.

The bedtime luxuries, which include bedtime fragrance, candles and a sensual incense kit, only contain the warm, sensual accord.

Retail prices range from £10.50 for soap to £65.00 for 15ml parfum.

Calvin Klein Cosmetics Corporation.
Tel: 020 7629 9643.

Olay launches foundation stick with a twist

Procter & Gamble is launching a new stick foundation in its Olay range on August 9.

Olay Moisture Stick Foundation is a moisturising foundation in a compact twist-stick.

Formulated to be easy to apply and blend, the foundation gives a cooling sensation when it touches the skin.

Suitable for creating a natural, radiant look, it is available in four matte finish shades – Light Porcelain, Light Ivory, Light Natural and Medium Ivory.

Retail price is £8.99.

Procter & Gamble UK.
Tel: 01932 896000.

corching
ew Summer
Campaign

aciclovir™

ZOVIRAX

Cold Sore Cream

Your customers will be seeing a lot more of Zovirax Cold Sore Cream this summer !
IN STORE, ON SHELF, IN MAGAZINES, ON RADIO AND EVEN IN WASHROOMS!

This Summers campaign for Zovirax Cold Sore Cream will encompass a broad spectrum of media including some more unusual areas, so stock up and don't miss out on YOUR potential sales!

Major National Radio Campaign

KISS 100

atlantic 252 long wave

Plus all these other promotional items...

Innovative ladies washroom campaign

Pharmacy Assistant quiz insert

Plus 375,000 Lunn Poly Ticket Wallets

LONDON AND LIVERPOOL PASSPORT OFFICE TV ADVERTISING

Informative PR Campaign

Full range of new, eye-catching POS

Ask your Pharma business development manager for details
Or call the Pharma Hotline on: 01202 314 824

Plus lots more to come...

entation: 5% w/w aciclovir in water miscible cream base. **Uses:** Cold Sore treatment. **Dosage and administration:** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **Contra-indications, Warnings, etc:** Zovirax Cold Sore Cream is ra-indicated in patients known to be hypersensitive to aciclovir or propylene glycol. **Precautions:** Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. **Side and adverse effects:** Transient burning or stinging follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis have been reported rarely following application. **Retail Selling Price:** 2g tube - £4.6 VAT); 2g pump - £5.10 (exc VAT) **Product Licence Number:** PL 0003/0304. **Licence Holder:** The Wellcome Foundation Limited, Greenford, Middlesex UB6 0NN **Legal category:** P. Further information available on

Hunt on for child-friendly pharmacy

Novartis is launching the 2000 Child-Friendly Pharmacy of the Year Award sponsored by the Tixy range of children's medicines. Now in its third year, the award recognises the service given by many pharmacies to parents with young children.

When making a nomination, customers are asked to consider how friendly and helpful the pharmacy staff are, levels of knowledge about child healthcare and any occasions when the pharmacist has been particularly helpful with advice. To encourage nominations from customers, pharmacy packs giving information about the award are available.

The nomination form and details of the award appear in the July issue of *Mother & Baby*. The families nominating winning pharmacies in six regions will receive holiday prizes.

Closing date is September 29 with the awards presented in November.

Novartis Consumer Health.
Tel: 01403 210211.

Klorane giveaway is a soft touch

Ceuta Healthcare will run a limited edition pharmacy promotion for its Klorane range of hypoallergenic Wild Cornflower Eye Make up Removers this summer. Consumers are invited to purchase any two products from the range and receive a free Klorane branded cotton wool pot.

The range includes cleansing milk to remove waterproof eye make up (rsp £5.95), soothing lotion (rsp £4.65) and a pot of 50 pre-soaked cotton remover pads (rsp £5.75) – all are suitable for all skin types and contact lens wearers.

The promotion, exclusive to the pharmacy trade, will be available from this month while stocks last.

Ceuta Healthcare.
Tel: 01202 780558.

Huggies adds fun to changing time

Kimberly-Clark is launching a new Huggies nappy pack in a more manageable format.

The Huggies Fun Box features handles for ease of transport and contains over two weeks supply of nappies

Retailing from £12.49, the new pack is designed to offer better value per nappy, improved shelf utilisation and a faster rate of sale.

Fun Box is available in four sizes, each with its own colourful images – midi (animal design), maxi (jungle design), maxi plus (car design) and junior sizes (aeroplane design). It replaces the bulkier Quattro pack, which had too high a price point, according to the manufacturers.

● Huggies nappies are being upgraded with the introduction of Air Dry & Baby Soft to provide more comfort for the baby. The new Baby Soft liner is clinically proven to give extra protection against nappy rash.

Kimberly-Clark Ltd.
Tel: 01732 594000.

TCP flies high with a poster campaign

Pfizer Consumer Healthcare will support its TCP range with a £750,000 poster campaign this summer.

The posters will appear in all major cities during July and in prime locations at the top 30 UK theme parks and tourist attractions, including Blackpool, Bournemouth and The Dome.

The posters feature two different executions, one a picture of an empty tin can on a beach and the other of a skateboard flying through the air.

Both ads carry the strapline 'Always keep within reach of children ... only to be applied by adults.'

Pfizer Consumer Healthcare.
Tel: 01420 84801.

ON TV NEXT WEEK

Beconase Allergy: Sat
Benadryl Allergy Relief: All areas
Daktarin Gold: All areas except GTV, B, CTV, C4, GMTV, TSW
Dettol Liquid: All areas except GTV, B, Y, CTV, W, TT
Gillette Mach3: All areas
Huggies: All areas
Immac: All areas
Imodium Plus: All areas
Panadol: U
Philishave Cool Skin: All areas
Poli-Grip: All areas except LWT, GMTV, TSW
Pro Plus: C4, C5
Scholl Footcare: B, G, Y, CAR, TT
Simple Skincare: U, C, A, HTV, W, M, CAR, C4, Sat
Solpadeine: U
Vitalegs: GMTV, Sat
Zantac 75: GTV, STV, B, G, Y, C, W, TT, C4, C5, Sat
Zirtek: C, CAR, HTV, GMTV, C4

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

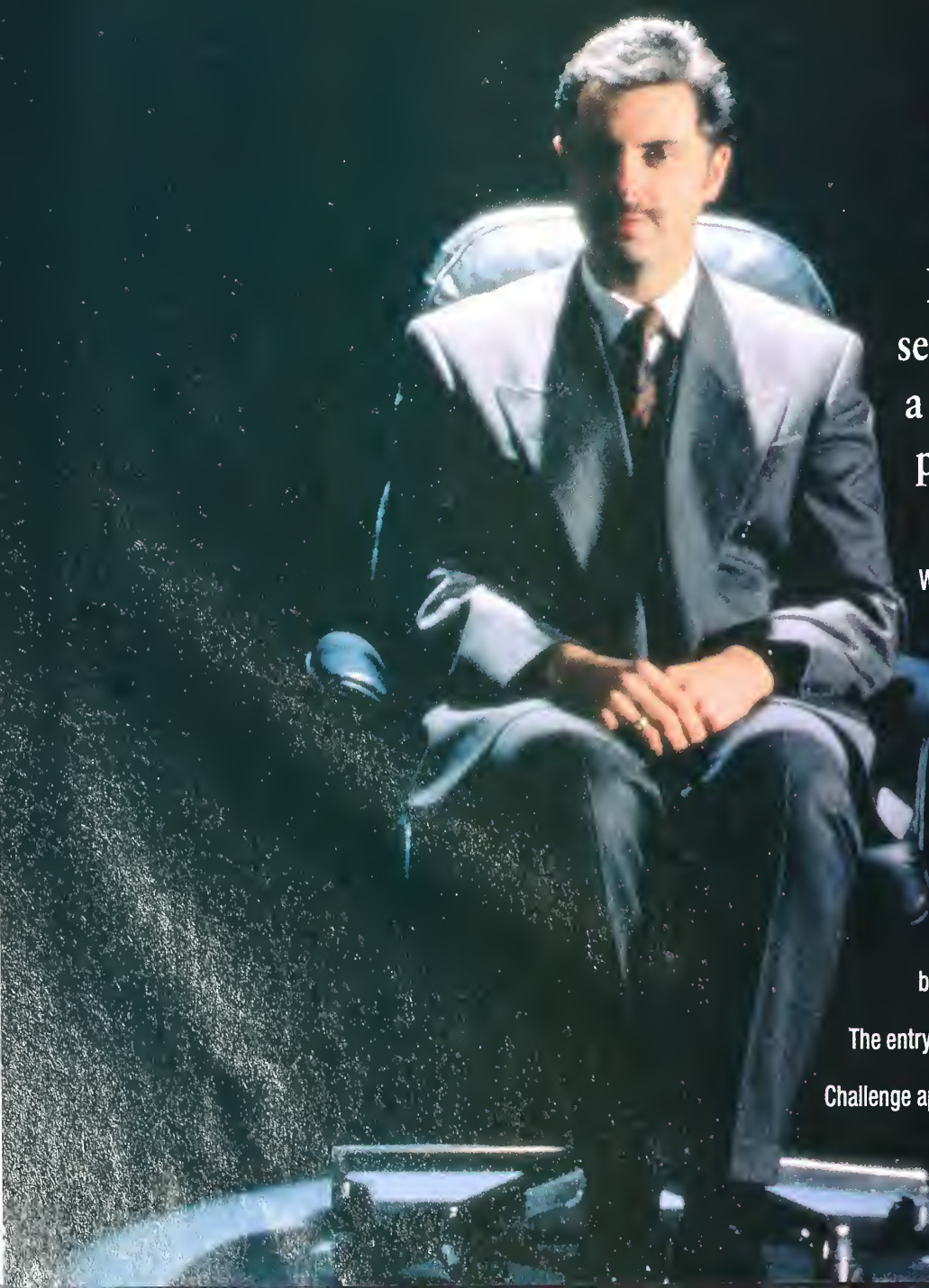
PROFIT *Naturally*

The No.1 Pharmacy Constipation Remedy

An award for you...

Turn to the back pages of this issue to discover how to take the

PHARMACIST CHALLENGE



Sponsored by *Chemist & Druggist* and Genus Pharmaceuticals

Put yourself in the hot seat at Chemex 2000 in a test of your pharmaceutical knowledge

We can't make you a millionaire but you could win up to £1,500 and a trophy if you can get through to a Mastermind-type final at Chemex 2000.

Six pharmacists who answer 20 questions based on *C&D*'s Pharmacy Update modules along with a tie-breaker, will be selected from across the UK.

The entry form and full details of how to enter the Challenge appear in this week's issue.

PHARMACYupdate

A moving story

Spasticity can affect patients with stroke, traumatic brain injury, spinal cord injury, MS and cerebral palsy. Pharmacist Kirsty Todd looks at the condition and its management

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1169), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* AUGUST 12, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To understand the definition of spasticity
- To understand the causes of spasticity
- To recognise the benefits of different treatment options
- To be aware of pharmacological therapies
- To be able to advise patients about their medication

Spasticity affects more than 12 million people worldwide and more than 100,000 people in the UK. Out of the estimated 80,000 people with multiple sclerosis (MS) in the UK, up to half of them have clinically significant spasticity that requires treatment.

The condition is defined as a "motor disorder characterised by a velocity-dependent increase in tonic stretch reflexes (muscle tone), with exaggerated tendon jerks resulting from hyperexcitability of the stretch reflex". It is a symptom of damage to the motor pathways, which impairs voluntary movement by causing a tonic increase in muscle tone and limb rigidity.

In spasticity, resistance to the passive movement of a limb is maximal at the beginning of the movement and decreases as more pressure is applied. Symptoms of spasticity include increased muscle tone, abnormal limb posture, excessive contraction of antagonist muscles, and hyperactive tendon reflexes. There may also be a phasic pattern of uncontrolled, sometimes violent, leg spasms that can result in fractures, dislocation and other serious injuries.

Spasticity may interfere with the normal control of limb position and movement, which can cause a wide range of clinical problems.

John Birdsall Photography Library photo posed by model

Table 1: Problems associated with spasticity

- Difficulty walking
- Difficult transfers
- Abnormal posture, seating and balance
- Respiratory complications
- Interference with daily living activities (eg feeding and dressing)
- Poor hygiene
- Fatigue and weakness
- Painful spasms

The patient may complain of difficulty walking, stiffness, clonus (alternating muscle contraction and relaxation) or impaired balance (see table 1).

There is also a risk that the patient may develop complications such as pressure sores and contractures. A contracture is caused by fibrosis of muscle or connective tissue, which produces shortening of the muscle and may result in deformity of a joint.

Disability produced by spasticity depends on the degree to which mobility is restricted, and this varies from patient to patient.

Causes

The pathophysiology of spasticity is complex and the precise mechanism remains uncertain. It can occur in any neurological disorder that affects the upper motor neurones. In clinical practice, the most common conditions where spasticity may occur are cerebrovascular disease (for example, stroke), traumatic brain injury, spinal cord injury, MS and cerebral palsy.

Spasticity may be caused by hyperexcitability of the tonic stretch reflexes and appears to arise from dysfunction of descending pathways that exert control over motor neurones. Spasticity caused by spinal cord lesions is often characterised by a slow increase in excitation and over-activity of both flexors and extensors with reactions possibly occurring many segments from the stimulus.

Continued on PII →

Table 2: Aims of spasticity management

- Relieve spasticity
- Improve functional capabilities
- Increase mobility
- Relieve pain caused by spasms
- Prevent complications (eg contractures and pressure sores)
- Improve quality of life for patients and their carers
- Ease nursing care

Table 3: Ashworth Scale

0 = No increase in tone
1 = Slight increase in tone, giving a 'catch'
2 = More marked increase in tone but affected limb is easily moved
3 = Considerable increase in tone, passive movement difficult
4 = Limb rigid in flexion or extension

Continued from P1

In contrast, cerebral lesions often cause a rapid build up of excitation with a bias towards involvement of antigravity muscles (resulting in, for example, knee extension).

Management of spasticity

Treatment aims for individual patients must be identified in order to optimise management. This must be completed before therapy begins to ensure that functional benefits are achieved. The main goal of therapy is to reduce spasticity-related disability (see table 2).

Progress can be assessed using spasticity rating scales. The most popular system is the Ashworth Scale (table 3). This scale assesses muscle tone and is based on the examiner's subjective assessment of the resistance experienced when muscles are passively lengthened.

Treatment can be either physical or pharmacological. Spasticity chronicity, duration, severity, distribution, locus of injury, and availability of support all influence the choice of treatment.

1 Physical management

Physical therapy is a common choice in first line management, but it also has proven benefits when combined with other treatments.

Various physical interventions may help control spasticity. For example, positioning of limbs by splinting and casting, passive stretching using exercise regimes, and special seating to encourage good posture. Physiotherapists, occupational therapists and orthotists are experts in physical techniques.

2 Pharmacological management

Spasticity may not be detrimental in some patients. For example, extensor spasticity in the legs may aid walking. Therefore, spasticity should not always be treated with drugs. In fact, pharmacological treatment is only appropriate if spasticity interferes with function, causes discomfort or impairs hygiene care.

However, pharmacological agents are frequently used. They reduce muscle overactivity by decreasing the excitability of motor pathways at the level of the central nervous system, the neuromuscular junction, or the muscle itself. They may be classified as either systemic or local antispastic agents (table 4).

a) Systemic pharmacological agents

Systemic oral drugs produce a general reduction in background muscle tone. They are most appropriate for conditions where the distribution of muscle overactivity is diffuse or regional, for example in spinal cord injury or MS.

Currently only four drugs are licensed for the treatment of spasticity – diazepam, baclofen, dantrolene and tizanidine. Antispastic drugs possess different mechanisms of action, and act either centrally or peripherally.

Agents acting on the central nervous system (for example, diazepam, baclofen and tizanidine) alter the action of neurotransmitters; they either suppress excitation (via glutamate) or enhance inhibition (via gamma-amino butyric acid [GABA] or glycine).

Table 4: Pharmacological agents used in the management of spasticity

Systemic agents	diazepam baclofen dantrolene tizanidine
Local agents	intrathecal; baclofen; phenol peripheral nerve block; phenol motor-point blockade; botulinum toxin A

Agents acting peripherally, such as dantrolene, act at neuromuscular sites. Other agents occasionally used out of licence for their antispastic properties include clonidine and gabapentin.

Diazepam is the oldest antispastic agent. It enhances the action of the inhibitory neurotransmitter GABA by binding to benzodiazepine receptors coupled to $GABA_A$ receptors.

In high doses diazepam is effective in relieving spasticity. However, drowsiness, the risk of overdose, and the development of physical and psychological dependence with regular use limit its clinical use. Diazepam may be useful in small doses at night to help nocturnal spasms.

Baclofen is the most widely used antispastic agent. A structural analogue of GABA, it binds to the $GABA_B$ receptor at pre- and post-synaptic sites. It inhibits mono- and polysynaptic transmission at spinal cord level and depresses the CNS.

The net effect is inhibition of spinal reflexes. Baclofen is normally initiated with low doses (eg 5mg tds) and gradually increased to a maintenance dose. The maintenance dose is the dose at which the required therapeutic response occurs with the fewest adverse effects.

Baclofen is normally administered in four divided doses as it has a relatively short half-life. A larger dose is sometimes given at night to prevent spasms that interfere with sleep.

Abrupt discontinuation of treatment can exacerbate spasticity and induce hallucinations and seizures. Therefore, doses should be gradually reduced over at least one to two weeks.

Common side effects associated with baclofen therapy include drowsiness (although less than with diazepam), nausea, dry mouth and muscle weakness. Muscle weakness is a greater disadvantage for mobile patients because it may interfere with walking and prevent further increases in dose.

Baclofen is effective with a well-demonstrated use in MS and spinal cord injury. But it is less effective in spasticity of cerebellar origin.

Dantrolene is the only antispastic agent to act peripherally. By suppressing calcium ion release from the sarcoplasmic reticulum in muscle fibres, it partially uncouples motor nerve excitation from skeletal muscle contraction. Consequently muscle contractility is reduced in a dose dependent manner.

Dantrolene has little effect on cardiac and smooth muscle. It should be initiated with low doses (eg 25mg od) and slowly increased at weekly intervals. Clinical benefits may not be gained beyond 100mg per day. The manufacturers recommend a maximum daily dose of 400mg to limit the risk of hepatotoxicity.

Liver function tests (LFTs) should be carried out before treatment is initiated and monitored periodically, because dantrolene causes abnormalities of liver function with symptomatic hepatitis in 0.5 per cent of patients.

Dantrolene is licensed for symptomatic treatment of chronic severe spasticity in voluntary muscle. It is generally recommended for treatment of cerebral spasticity, but it is also effective in spinal cord injury. Muscle weakness induced by dantrolene makes it a poorly

Continued on PIV→

Amilamont™

Amiloride Hydrochloride

the only licensed potassium sparing diuretic in an oral liquid form

Did you know that there is a potassium sparing diuretic in oral liquid form, which provides an alternative to tablets for the elderly and patients with swallowing difficulties. Amilamont is sugar free, and comes in a ready to use 5mg/5ml strength for easy dose administration and can be used with other diuretics such as Frusemide.

Another easy to swallow option from

ROSEMONT

THE SPECIALISTS IN ORAL LIQUID MEDICINES

'Amilamont' Amiloride Hydrochloride Oral Solution 5mg/5ml

Abbreviated Prescribing Information. Presentation: Amilamont is an oral solution containing Amiloride Hydrochloride BP equivalent to 5mg anhydrous Amiloride Hydrochloride in each 5ml. **Therapeutic Indications:** It is a potassium sparing diuretic, principally used as concurrent therapy with thiazides or more potent diuretics to conserve potassium during periods of vigorous diuresis and during long term maintenance therapy. In hepatic cirrhosis with ascites, Amilamont usually provides adequate diuresis, with diminished potassium loss and less risk of metabolic alkalosis, when used alone. It may be used with more potent diuretics when greater diuresis is required while maintaining a more balanced serum electrolyte pattern. **Posology and Method of Administration:** Adults: Amilamont alone. The usual initial dosage is 10mg (as a single dose or 5mg twice a day). The total daily dose should not exceed 20mg a day. After diuresis has been achieved, the dosage may be reduced by 5mg increments to the least amount required. Amilamont with other diuretic therapy: When Amilamont is used with a diuretic, which is given on an intermittent basis, it should be given at the same time as the diuretic. Hypertension 5 or 10mg a day, together with the usual antihypertensive dosage of thiazide concurrently employed. It is not usually necessary to exceed 10mg of Amilamont a day, in any event not more than 20mg of Amiloride Hydrochloride should be given. Congestive heart failure Initially 5 - 10mg a day, together with the usual dosage of the diuretic concurrently employed. If diuresis is not achieved with minimal dosage of both agents the dosage of both agents may be increased gradually, but that of Amilamont should not exceed 20mg a day. Once diuresis has been achieved, reduction in dosage of both agents may be attempted for maintenance therapy. The dosage of both drugs is determined by the diuresis and the level of plasma potassium. Hepatic Cirrhosis with ascites Treatment should be started with a small dose of Amiloride Hydrochloride i.e. 5mg plus a low dosage of the other diuretic agent. If necessary, dosage of both agents may be increased gradually. The dosage of Amiloride Hydrochloride should not exceed 20mg a day. Maintenance doses may be lower than those required to initiate diuresis, reduction in the daily dosage should therefore be attempted when the patients weight is stabilised. Children Contra-indicated. Elderly The dosage should be carefully adjusted according to renal function, blood electrolytes and diuretic response. **Contra-indications:** Hyperkalaemia (plasma potassium over 5mmol/l) other potassium-conserving agents or potassium supplements (see Precautions); anuria; acute renal failure. severe progressive renal disease, diabetic nephropathy (see Precautions); prior sensitivity to this product. Safety for use in children is not established. **Precautions & Interactions:** Diabetes Mellitus: In known or suspected diabetic patients, the status of renal function should be determined before initiating therapy. Amilamont should be discontinued for at least three days before a glucose tolerance test. Metabolic or Respiratory Acidosis: Potassium conserving therapy should be initiated only with caution in severely ill patients in whom metabolic or respiratory acidosis may occur. Hyperkalaemia: This has been observed in patients receiving amiloride alone or with other diuretics. These patients should be observed carefully for clinical, laboratory or ECG evidence of hyperkalaemia. Some deaths have been reported in this group of patients. Hyperkalaemia has been noted particularly in the elderly and in hospital patients with hepatic cirrhosis or cardiac oedema who have known renal involvement, who were seriously ill, or were undergoing vigorous diuretic therapy. Neither potassium-conserving agents nor a diet rich in potassium should be used with Amilamont except in severe and/or refractory cases of hypokalaemia. If the combination is used, plasma potassium levels must be continuously monitored. Impaired renal Function: Patients with increases in blood urea over 10mmol/l, serum creatinine over 130(mmol/l, or with diabetes mellitus, should not receive Amilamont without careful, frequent monitoring of serum electrolytes and blood urea levels. In renal impairment, use of a potassium conserving agent may result in rapid development of hyperkalaemia. Treatment of Hyperkalemia: If hyperkalaemia occurs, Amilamont should be discontinued immediately and, if necessary, active measures taken to reduce the plasma potassium level. Electrolyte Imbalance and Reversible Blood Urea Increases. Hyponatraemia and hypochloraemia may occur when Amilamont is used with other diuretics. Reversible increases in blood urea levels have been reported in accompanying vigorous diuresis, especially when diuretics were used in seriously ill patients, such as those with hepatic cirrhosis with ascites and metabolic alkalosis, or those with resistant oedema. Careful monitoring of serum electrolytes and blood urea levels should therefore be carried out when Amilamont is given with other diuretics to such patients. Cirrhotic patients: Oral diuretic therapy is more frequently accompanied by side effects in patients with hepatic cirrhosis with or without ascites. In patients with pre existing severe liver disease, hepatic encephalopathy manifested by tremors, confusion and coma, and increased jaundice have been reported in associated with diuretics, including Amiloride.Lithium should not be given with diuretics. When combined with thiazide diuretics, Amiloride can act synergistically with chlorthiazide to increase the risk of Hyponatraemia. When Amiloride is administered concomitantly with an angiotensin-converting enzyme inhibitor, the risk of hyperkalaemia may be increased. **Pregnancy and Lactation:** Because clinical experience is limited, Amiloride is not recommended for use during pregnancy. It is not known whether Amiloride is excreted in human milk. **Effects on Ability to Drive and Use Machines:** None known. **Undesirable Effects:** Amiloride is normally well tolerated, although minor side effects are reported relatively frequently. Except for hyperkalaemia, significant side effects are infrequent. Nausea, anorexia, abdominal pain, flatulence and mild skin rash are probably due to Amiloride, but other side effects are generally associated with diuresis or with the underlying condition being treated. **Overdose:** No data are available; and it is not known whether the drug is dialysable. The most likely signs and symptoms are dehydration and electrolyte imbalance which should be treated by established methods. Therapy should be discontinued and the patient observed closely. No specific antidote is available. If ingestion is recent, emesis should be induced or gastric lavage performed.Treatment is symptomatic and supportive. If hyperkalaemia occurs, active measures should be taken to reduce plasma levels. The plasma half life of amiloride is about six hours. **Shelf Life and storage**: 24 months at or below 25 °C. **Legal Category**: POM. **Pack Size and NHS price:** 150ml, £39.73. **Marketing Authorisation Holder and PL Number**: Rosemont Pharmaceuticals Ltd, Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds, LS11 9XE. PL 00427/0091.Date of preparation: March 2000

Continued from PII

tolerated therapy compared to baclofen.

In clinical practice, dantrolene is most suited to patients with good muscle strength who are limited by their spasticity, or those with complete paralysis, such as paraplegics.

Tizanidine is the first new antispastic agent to be licensed in over 20 years. Although it inhibits spinal polysynaptic reflex activity, the mechanism of action has not yet been clarified. The effects of tizanidine are mainly related to its central α_2-adrenoceptor agonist properties, but effects on the imidazole receptor may also be involved.

It is recommended that tizanidine should be introduced at a dose of 2mg at bedtime and gradually titrated upwards over four to seven weeks. It is licensed for the treatment of spasticity associated with MS or spinal cord injury. In comparative trials, tizanidine has been shown to be as effective as baclofen and diazepam at improving muscle tone in patients with these conditions.

Tizanidine shares a similar side effect profile with other antispastic drugs. It has been reported to cause dry mouth, sedation and rare cases of liver abnormalities that should be detected if liver function is monitored. Although tizanidine is related to the centrally acting antihypertensive clonidine, it has a relatively low incidence of systemic hypotension.

The main benefit of tizanidine treatment over baclofen is that it has a lower incidence of muscle weakness at effective doses, which is often a dose-limiting side effect of baclofen.

b) Local pharmacological treatment

Systemic adverse effects often prevent a satisfactory response to oral medication. In contrast, the action of locally administered agents is limited to the injected nerve or muscle. This eliminates the occurrence of systemic adverse effects. Furthermore, a decrease in muscle tone and therefore spasticity is only seen in the targeted muscles.

In severe and widespread spasticity focal techniques may not improve function, unless they are used in combination with a global tone reduction using oral medication, or in combination with physical therapy.

Focal techniques include intrathecal injection, peripheral nerve block, motor point block and botulinum toxin injection. Specialist teams perform these techniques.

Peripheral nerve block using phenol is a relatively old technique. Focal chemodenervation is achieved by injecting phenol 2-5 per cent into a peripheral nerve, which causes protein denaturation of nerve fibres. Peripheral nerve block may be used to manage localised spasticity as a temporary measure in spasticity following incomplete spinal cord injury.

Intrathecal techniques involve administration of baclofen or phenol into the lumbar cerebral spinal fluid (CSF) by direct injection. Intrathecal baclofen relieves severe spasticity and reflex spasms without causing unwanted cerebral effects. It is sometimes used for those patients who do not respond well to oral baclofen.

Oral baclofen treatment can fail because baclofen does not readily cross the blood brain barrier. This means that adverse effects can limit the maximum tolerated dose. However, intrathecal injection produces few systemic adverse effects because a high concentration is selectively achieved in the CNS.

Permanent delivery systems are available. A pump is surgically implanted into the abdominal wall and a catheter connects the pump to the intrathecal space, delivering a small but effective dose. Complications include pump malfunction and, rarely, spinal meningitis.

Intrathecal baclofen is an effective long-term treatment for spasticity caused by MS, spinal cord injury, or cerebral spasticity. Lioresal is a commercially available licensed preparation.

Botulinum toxin is currently the favoured local technique and has largely replaced the others. Botulinum is a potentially lethal neurotoxin produced by Clostridium botulinum, an anaerobic bacterium. Of the seven immunologically distinct types of botulinum neurotoxin (A-G), only type A has been used in clinical practice for the treatment of abnormal muscle contractions.

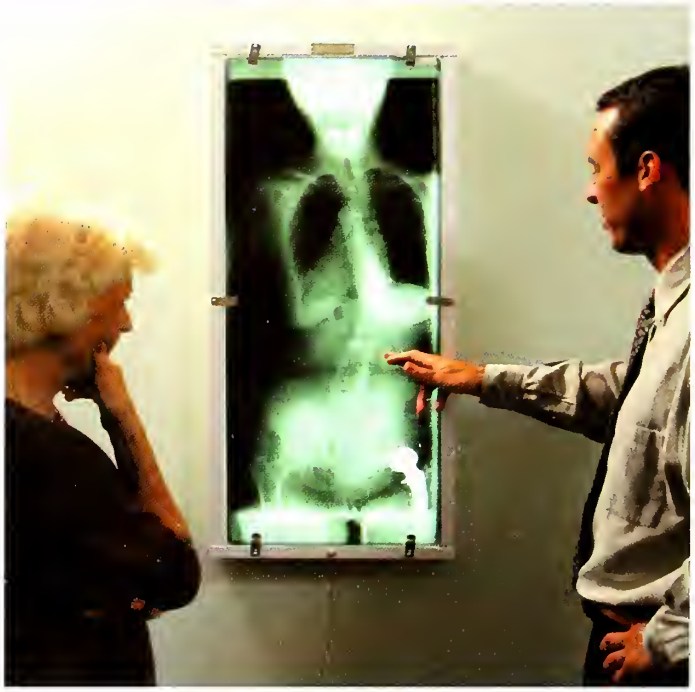
Small doses of botulinum toxin are injected directly into the overactive muscle. Dose dependent relaxation of the target muscle is achieved within one week, with little or no effect on adjacent muscles.

Botulinum toxin A irreversibly blocks neuromuscular transmission by preventing presynaptic calcium-mediated acetylcholine release at the neuramuscular junction. The injected muscle is paralysed until nerve sprouting forms new neuromuscular junctions.

At this point the clinical effect wears off, typically after 2-4 months, so repeated injections are required to maintain the antispastic effect. However, injection intervals must not be more frequent than once every 12 weeks to minimise the risk of non-responsiveness.

Table 5: Oral antispastic dosing information

Drug	Starting dose	Typical dose titration regime	Normal daily maintenance dose range	Maximum licensed or recommended dose
Diazepam	5mg nocte or 2mg bd		20-40mg	40-60mg
Baclofen	5mg tds	5mg tds every 4-7 days	60-80mg	100mg
Dantrolene	25mg od	25mg every 7 days	100mg	400mg
Tizanidine	2mg nocte	2mg every 4 days	16-24mg	36mg



One of the most common causes of spasticity is spinal cord injury

Table 6: Advantages of botulinum toxin A injection

- Simplicity of injection technique
- Lack of precise location for injection
- Lack of sensory disturbance
- Safe with fewer systemic side effects
- Easy to adjust dose according to the response to the previous injection
- Overall effect is reversible after 2-3 months

Non-responsiveness is suggested to be due to the development of antibodies to the toxin.

There are two commercially available botulinum toxin A preparations, which differ in potency – Botox and Dysport. Botox must be stored in a freezer and Dysport in a fridge.

Botulinum toxin has been evaluated in various spastic disorders, including MS, cerebral palsy and stroke. It is well tolerated and generally produces no deterioration of functional ability. However, there is always a risk of inducing over-weakness of the injected muscle or sometimes surrounding muscles.

Only in severe or resistant cases after other techniques have failed

ACTION PLAN

- In your practice workbook note all prescriptions for drugs for spasticity listed in the article (except diazepam). Can you find out why they were prescribed?
- Try to observe a patient suffering from spasticity. How does their muscle control differ from someone with Myasthenia gravis, Parkinson's and MS?
- Talk to a nurse at a residential/nursing home. Do they have patients with spasticity? How do they treat them: with which drug/s?
- List in your practice workbook the side effects and drug/drug interactions of the commonly prescribed skeletal muscular relaxants (as per *BNF* 10.2.2).

or patients have developed complications should it be necessary to use more advanced and specialised techniques, or to intervene surgically.

Care and support

Effective management of spasticity is complex. It requires a multidisciplinary approach that combines the expertise of rehabilitation physicians, orthopaedic surgeons, neurosurgeons, nurses, physiotherapists, occupational therapists, orthotists, pharmacists and GPs.

Disability produced by spasticity varies from patient to patient. Therefore management must involve individualised care programs. It is often an ongoing process in which patients must be regularly reassessed to determine whether treatment goals are being achieved.

Appropriate care and support augment the benefit gained from spasticity treatment. However, patient expectations must remain realistic throughout.

Treatment of spasticity not only involves improving symptoms but also preventing potentially serious complications. It is important that factors that may encourage exacerbation of spasticity, or development of complications, are identified. Only then can such factors be avoided or eliminated.

For example, spasticity can be aggravated by sensory stimulation from a pressure sore or a distended bladder or rectum. It would be advisable to employ avoidance measures. These could include the use of special pressure relieving mattresses and seats in patients at risk of developing pressure sores, or the prescription of regular laxatives for patients at risk of becoming constipated.

Physiotherapists can provide important advice regarding appropriate sitting positions, motion and stretching exercises, and recognition of limb fractures. Orthotists can provide guidance on fitting and maintaining orthoses (an external device to support or improve the shape or function of a body part) and application of splints and casts.

Everyday care often falls on family and friends, which may prove to be an emotional and financial strain. Education of both carers and patients is important. Carers provide valuable opinions concerning progress and may be the first to spot worsening spasticity.

Considerations in the community

Spasticity is often only one of the problems associated with a patient's disease. Therefore, it should not be treated in isolation. Co-existing conditions and diseases must also be considered.

For example, in patients with Parkinson's disease baclofen may interfere with dopamine metabolism, so concurrent use with levodopa should be avoided. Baclofen may also lower the seizure threshold, so caution must be taken in treating patients with epilepsy.

Pharmacists have an important role and responsibility to their patients in detecting and preventing adverse effects. Pharmacists will be involved in the supply of medicines for often complex regimes, and may be able assist in identifying the cause of adverse effects. They may be able to advise on alternative treatment if adverse effects are problematic.

The elderly are more susceptible to adverse effects due to impaired drug metabolism and clearance, which is related to a decreased hepatic and/or renal function. It may be beneficial to titrate doses more slowly in elderly patients in order to minimise troublesome adverse effects and maximise the chances of achieving a therapeutic dose.

Pharmacists are able to identify interactions with drugs used for spasticity. Care should be taken when antispastic drugs are used in combination with other CNS depressants because drowsiness and sedation may be enhanced.

The hypotensive effect of antihypertensive drugs (eg ACE inhibitors) may be enhanced when either baclofen or tizanidine are used concurrently. It may be wise to avoid ibuprofen and other non-steroidal anti-inflammatory drugs (NSAIDs) during baclofen treatment.

NSAIDs may cause renal insufficiency, which can decrease the renal excretion of baclofen. This increases the risk of baclofen toxicity, which presents as confusion, bradycardia, disorientation, and blurred vision.

Patients with spasticity may seek the advice of the pharmacist in the treatment of concomitant problems such as constipation. Their condition may also demand the use of an appropriate formulation. For example, a patient with MS living alone may be unable to open blisters.

Pharmacists have a unique contribution to make in the care of patients with spasticity. They have the potential to improve patients' quality of life.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2001.

Kirsty Tadd is a pharmacist at South Manchester University Hospitals Trust.

Gut reactions

Gastrointestinal risks associated with over the counter NSAIDs have been in the media spotlight recently, creating confusion and anxiety among patients. Dr Alison Jones, consultant physician and medical toxicologist, explains the risks of GI side effects with OTC analgesics

Non-steroidal anti-inflammatory drugs (NSAIDs) are widely prescribed for inflammatory conditions, such as rheumatoid arthritis, and used OTC to treat mild-to-moderate pain. Worldwide, NSAIDs are one of the most commonly used classes of drug to control pain and inflammation, with an estimated 30 million people taking them every day for a range of conditions.

The *British National Formulary* lists over 20 different NSAIDs, some of which – aspirin, ibuprofen, piroxicam and felbinac – are also available OTC in oral, topical and suspension forms. Around 60 per cent of patients will respond to any one NSAID. Those who do not may well respond to another drug in the class.

Like all medications, it is vital that a risk-benefit assessment, based on adverse event profile, is conducted before recommending or prescribing any NSAID. There is considerable variation in individual patient tolerance to the drugs.

Topical NSAIDs are largely free of systemic side effects, although the application of large amounts may result in systemic effects, such as hypersensitivity, asthma and renal disease.

It is with oral formulations that NSAIDs' adverse effects become apparent: adverse gastrointestinal events; renal impairment; inhibition of platelet aggregation; sensitivity reactions; and interactions with other medications, such as anti-hypertensive agents.

Adverse gastrointestinal events

The reason why NSAIDs exhibit upper GI tract toxicity is linked to

Continued on PVI →

Arthritis patients are particularly at risk from NSAID-related GI effects

Continued from PV

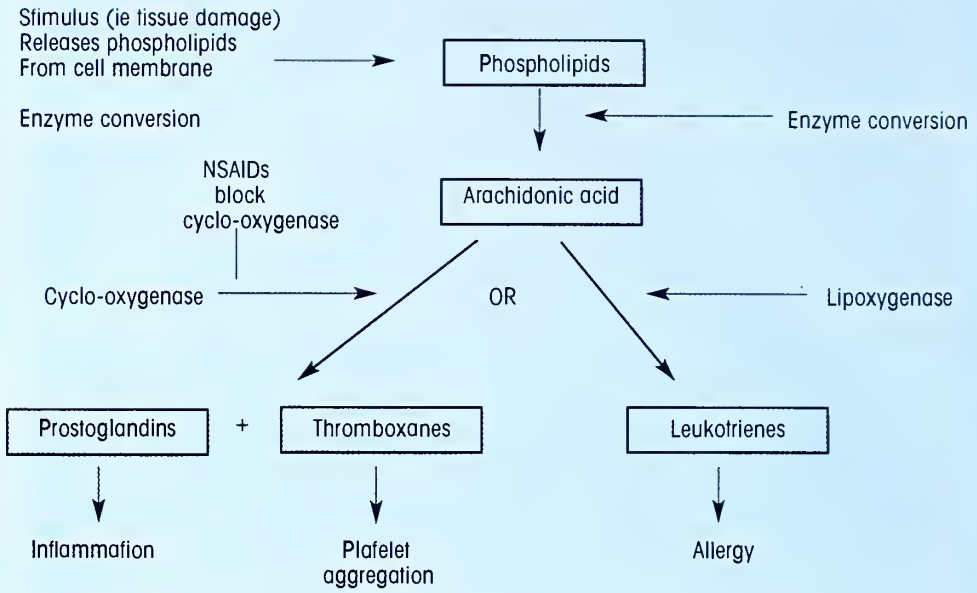
their mechanism of analgesic action. All NSAIDs act by blocking the production of prostaglandins in the body's peripheral tissues. Inhibiting their production lessens the patient's sensation of pain and reduces inflammation in damaged tissues.

NSAIDs do this by inhibiting the key enzyme, cyclo-oxygenase (COX). COX is involved in converting the fatty acid arachidonic acid, generated after tissue damage, into prostaglandins. There are two isoforms of this enzyme. COX-1 is a 'housekeeping' enzyme present in all body tissues, but particularly in the GI and renal tracts. And COX-2, which is produced in response to inflammation. Aspirin and NSAIDs block both COX-1 and COX-2 (see Figure 1).

However, prostaglandins also have physiological protective functions. In the GI tract, for example, they inhibit gastric acid secretion, increase the mucus barrier in the stomach and small intestine, improve mucosal blood flow and enhance epithelial cell proliferation. They thus protect the stomach against the acid environment of its contents. And so NSAIDs, by blocking prostaglandin production, can cause gastric mucosal damage in both healthy subjects and those with ulcer disease.

In contrast, paracetamol, a non-NSAID analgesic, probably inhibits COX in the central nervous system, with little peripheral action. It has little effect on the gastric mucosa, even in individuals with peptic ulcer disease. Although paracetamol has negligible anti-inflammatory activity, it has similar pain relieving efficacy as NSAIDs in single doses and therefore finds favour with pharmacists as the first-line analgesic for adults with GI problems.

Figure 1. The production of prostaglandins (PGs) in body tissues



Adverse GI events – the problems

This is the most common NSAID adverse event and can result in mild effects, such as indigestion. More serious events, such as peptic ulceration and bleeding, sometimes occur in the absence of premonitory warning.

The number of NSAID users hospitalised with a serious upper GI complication in one study was low, at around 2 per cent. Another study of hospital admissions estimated that there are 65,000 emergency upper GI complications in the UK each year. Of these, 12,000 are attributed to prescribed NSAIDs, resulting in over 2,500 deaths. A more recent estimate suggests that, on average, one in 1,200 patients taking oral NSAIDs for at least two months will die due to gastroduodenal complications.

In the US, data indicate that around 16,500 osteoarthritis and rheumatoid arthritis patients die annually from prescribed NSAID-related GI causes. If this were tabulated separately, it would be the 15th most common cause of death. The figure may be higher if OTC-related deaths were also included.

Further, these studies consider only serious GI complications such as those requiring admission and do not take into account minor adverse events, such as dyspepsia.

Attempts have been made to quantify an individual's increased risk of GI toxicity with NSAID use. But this has been hard to determine because of the trial methodologies involved.

Randomised, controlled trials alone are unlikely to provide reliable estimates because of their limited size and applicability to the general population. And it can be difficult to determine the extent of drug exposure in cohort studies. A secondary problem is that at-risk groups are often already excluded by their physicians, leading to a reduced assessment of gastrointestinal risk.

Nonetheless, a number of studies have attempted to quantify individual patient risk. A meta-analysis has shown that patients receiving prescription doses of NSAIDs have a relative risk of serious GI events of 2.7, compared to subjects not receiving NSAIDs. The risk was higher in those aged over 60 (a relative risk of 5.5) and during the first month of NSAID therapy (relative risk of 8.0).

Another study, on rheumatoid arthritis patients, found that the relative risk of GI-provoked hospitalisation was more than five times greater in patients receiving prescription doses of NSAIDs compared with non-NSAID users. In addition, there was an excess GI-related death rate of approximately 3 per cent per year.

The GI side effects associated with prescription doses of NSAIDs are not limited to patients with existing conditions, with some studies finding adverse effects in healthy volunteers.

Much of the data about NSAID-related GI risks relate to prescription dosing. But more recent investigations have tried to quantify the potential GI risks associated with OTC doses of NSAIDs. In 1994, a US study evaluated 421 patients hospitalised with upper GI haemorrhage. It was found that 35 per cent had used an OTC aspirin product and 9 per cent an OTC NSAID product during the week before they were admitted to hospital.

A survey by the US College of Gastroenterology found that 84 per cent of cases of NSAID-related GI bleeding were associated with OTC doses of aspirin and other NSAIDs.

Further, two preliminary studies examined the GI toxicity of various NSAIDs, including aspirin and ibuprofen, plus paracetamol, at OTC doses. One considered rheumatoid arthritis patients and found that those taking OTC dose NSAIDs were around four times more likely to suffer a serious GI adverse event, compared with those taking no drug therapy.

In contrast, patients taking paracetamol alone were no more likely to have a GI adverse event requiring hospitalisation than those taking no drugs. However, this study reflected chronic use, rather than acute OTC use and picked up only serious adverse events.

The second study investigated the potential risk of GI bleeding associated with current use (within the past week) of these analgesics at OTC doses. It assessed information on recent use of multiple analgesics, plus data on tobacco, alcohol and other factors. The risk of GI bleeding increased two to three fold among recent users of OTC doses of NSAIDs, with greater increases among heavy NSAID users.

It also found that the risk doubled if alcohol was taken with NSAIDs, leading to a four to five-fold increased relative risk. In contrast, no increased risk was found among paracetamol users with or without alcohol.

These studies require further investigation, not least to determine the risks associated with using these drugs for the short periods seen with normal OTC use. More recently, new data have appeared that attempt to address this issue and ascertain the GI impact of acute use of OTC dose ibuprofen.

One of the studies is a prospective examination (the PAIN study, see *C&D* September 11, p26), and the other a meta-analysis. Both show that ibuprofen, in short-term OTC use, has equal GI tolerability to the non-NSAID analgesic paracetamol.

The PAIN study examined the tolerability of paracetamol, aspirin and ibuprofen in patients being treated for short-term relief of pain by their family doctor. It concluded that ibuprofen should be recommended first to treat pain in general practice. The second paper compared the incidence of adverse events with multiple doses of ibuprofen with placebo and concluded that the incidence of GI adverse events are comparable.

However, both studies excluded

Continued on PVIII →

It's not too late to sign up to Pharmacyupdate

Twice a month, *Chemist & Druggist* brings you **Pharmacyupdate** – unrivalled distance learning for the practising pharmacist

- **Update** helps you to fulfil the Royal Pharmaceutical Society's current requirement of 30 hours of Continuing Professional Development each year. It should be part of your professional development portfolio.

- **Update** allows you to self-test your understanding using simple monthly question papers. Better still, for a modest fee (£16 + £2.80 VAT) you can register with *C&D*'s automated marking service and receive a certificate showing the number of hours of distance learning you have completed.

- **Update** is accredited by the College of Pharmacy Practice. Recorded completion of the question paper counts towards study hours required for CPP membership.

- Back issues are no problem. If you miss an article, you can catch up by using a faxback service or visit *C&D*'s **dotpharmacy** Internet site.

- Northern Ireland pharmacists enrolling for **Update** will have their registration fee paid by the NI Centre for Pharmacy Postgraduate Education & Training.

Don't fall behind with your continuing professional development. Pick up the phone and speak to Mary Prebble on 01732 377269 if you need more information, or fill in the coupon below and send it with a cheque for £16 (plus £2.80 VAT) payable to United Business Media Ltd, which will register you for the year 2000 for certificated marking.

Pharmacyupdate is supported by

GENUS PHARMACEUTICALS

To Mary Prebble. Please enrol me on the **Pharmacyupdate** telephone marking service for 2000. I enclose a cheque for £18.80, made payable to United Business Media Ltd.

Name.....

Address.....

..... Postcode.....

Daytime phone number..... Fax.....

Signature..... Date.....

Northern Ireland pharmacists registering under CPPET scheme tick box ❑

Send this completed form to Mary Prebble, Chemist & Druggist, United Business Media Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Continued from PVI

subjects known to be at risk of NSAID-induced GI side effects, such as those with a history of gastric or duodenal ulcer, those with aspirin-induced asthma and those with coagulopathy. So the results only apply to the non-excluded population (eg those known to have no predisposition to GI problems) and cannot be extrapolated to the wider population of OTC users.

Patient awareness

As the first person approached by those seeking relief from mild-to-moderate pain, the pharmacist is ideally placed to offer advice and education on appropriate analgesic use for patients with GI problems. Indeed, this is a vital role as patient awareness of potential risks appears to be poor, judging from the results of a US study. This demonstrated that nearly 75 per cent of those who regularly use NSAIDs were unaware or unconcerned that these drugs may cause serious GI side effects.

There is also a common misunderstanding among consumers that, because they are easily purchased, OTC medications do not pose any risks. Nearly half the people taking part in the same US survey that were using OTC NSAIDs, and over a third using both OTC and prescription NSAIDs, believed they were safer than prescription NSAIDs.

This offers pharmacists a potentially vital role in helping educate patients about appropriate analgesic use. But still there remains the difficulty of successfully identifying those most at risk.

It is possible to approach patients in a non-threatening way and ask them, for example, "how do you find that medicine?" when they ask for OTC medicines. This opens up the possibility of assessing risk factors and helping the patient chooses the most effective analgesic for their pain, without being unduly prying or confronting.

However, there are some individuals who are particularly vulnerable, as can be seen from the table below, and careful consideration of patient medication records can go some way to aiding their detection.

The future

The new COX-2 selective inhibitors might be associated with fewer adverse GI events than traditional NSAIDs. Now the future looks more promising for this class in those at risk (see below). However, it may be some time before these new drugs are available OTC. And their price may detract from use.

Dr Jones is a consultant physician and medical toxicologist at the National Poisons Information Service, Guy's and St Thomas' Hospital.
She has attended an analgesic advisory board for SmithKline Beecham.

Risk factors for development of GI adverse events in NSAID users

Known risk factors
Advanced age (linear increase in risk over the age of 60)
Previous history of peptic ulcer disease
Associated use of corticosteroids
Higher doses of NSAIDs
Use of more than one NSAID at same time
Use of anticoagulants
Serious systemic illness
Consumption of alcohol

Possible risk factors
Helicobacter pylori infection
Cigarette smoking

Eating disorders more common in diabetes

Eating disorders are almost twice as common in adolescent females with diabetes as their non-diabetic peers, according to a study in the *British Medical Journal* (2000;320:1563-1566).

The study compared 356 females aged 12-19 years with type 1 diabetes to 1,098 matched non-diabetic controls. All participants completed a self-report screening package that included the eating disorder inventory (which provides a score for disturbed eating attitudes and behaviour), the eating attitudes test and the diagnostic survey for eating disorders. Body mass index was calculated on self-reported height and weight. Those deemed at risk of an eating disorder were asked to complete the eating disorder examination, which is a semi-structured diagnostic interview.

Subjects were classified as having a full syndrome eating disorder (anorexia nervosa, bulimia nervosa or 'eating disorder not otherwise specified'), a subthreshold eating disarder or no eating disorder.

Subjects with diabetes were 2.4 times more likely than controls to have an eating disorder. In total, 36 of the diabetic subjects met the criteria for eating disarders compared to 49 af the contrals. Eating disarder not otherwise specified was the most frequent diagnosis, with no cases of anorexia nervasa in either graup. Diabetic subjects were also 1.9 times more likely to have a subthreshald eating disorder.

The study authors concluded that there may be an interaction between individual and environmental factors in the pathogenesis of eating disorders, similar to that seen in other high risk groups such as athletes, models and dancers. Eating disarders in those with type 1 diabetes pase a particular risk because they are associated with impaired metabolic control and a threefold increase in the risk of diabetic neuropathy.

NSAIDs improve cognitive function in Alzheimer's

Long-term anti-inflammatory medicatians in patients with Alzheimer's disease enhanced cognitive performance in a new study.

The study involved a five-year post-mortem tissue collection after a case-control study of Alzheimer's disease. Variables analysed included neuropsychological test scores, amount of tissue inflammation and Alzheimer-type pathological changes. The study used 12 patients with Alzheimer disease, of whom five were taking anti-inflammatory drugs, and ten non-demented controls – three of whom were taking anti-inflammatory drugs. Patients taking NSAIDs had all been taking them for at least six months for arthritis.

In all cognitive domains tested, the Alzheimer's disease cases taking NSAIDs performed better than their non-medicated counterparts. In particular, the tests for attention and speed of information processing, language, apraxia, and visual agnosia reached statistical significance between the groups. In contrast, there were na significant differences in any of the neurapathalogical markers between those taking NSAIDs and those not.

Authors of the study, published in the *Archives of Neurology* (2000;57:831-836), concluded that while NSAIDs improve cognitive performance in Alzheimer disease patients, they do not alleviate the progression of the pathological changes.

PHARMACY update: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the August 12 issue, which will cover this week's CPP-accredited modules, together with those in the July 15 issue.

The MCQ paper for the June modules will be enclosed in next week's *C&D* covering:

- Travellers' diarrhoea (1165)
- NSAID-induced bleeding (1166)
- Services to homes – Part II (1167)
- Psoriasis (1168).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

C&D in association with

GENUS PHARMACEUTICALS

Customers giving you earache?

Antibacterial. Antifungal. Non-antibiotic. New Earcalm Spray is the only OTC treatment available for mild infections of the external ear canal, clinically proven to be effective in treating symptoms like itching and slight fullness of the ear. Available OTC, it allows early self-medication, helping prevent infection progressing and avoiding unnecessary GP visits. And because it's a spray, it's convenient, easy to use and gives better coverage so aiding patient compliance. Earcalm is currently being detailed to GP's by our salesforce, and can be recommended with confidence.

Early treatment for mild ear infections

EarCalm SPRAY

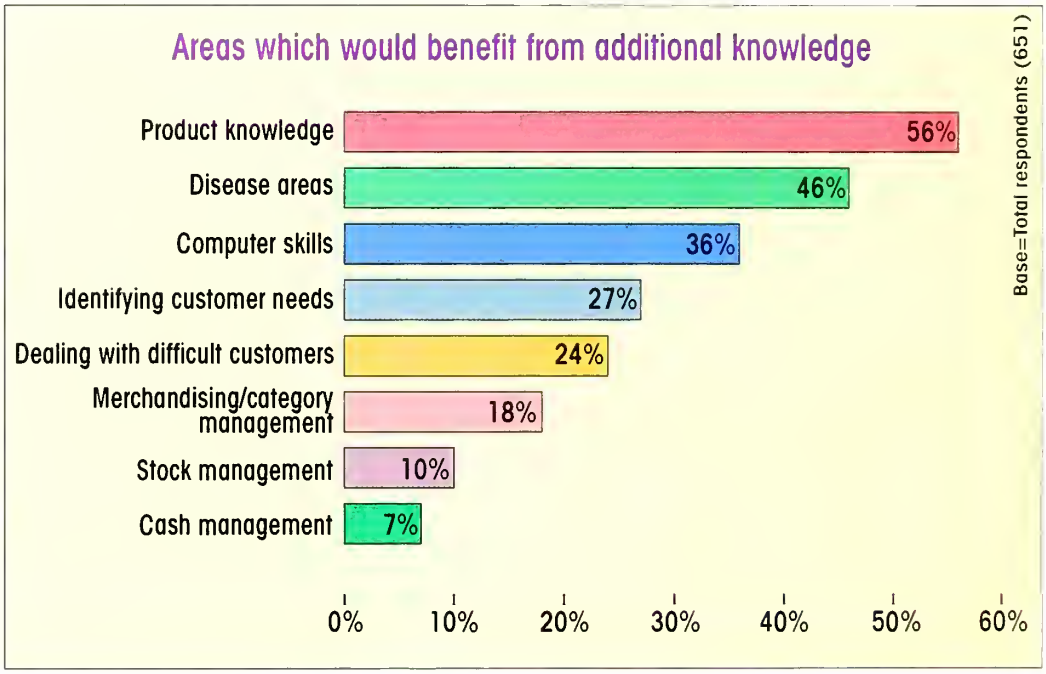
Acetic acid

Product Information. Presentation: Non-pressurised pump action aerosol spray containing glacial acetic acid Ph. Eur. 2.0% w/w as a milky, particle free mobile liquid. **Uses:** Treatment of superficial infections of the external auditory canal. **Dosage and Administration:** Adults, children over 12 years and the elderly: One metered dose (60mg, 0.06ml) to be administered directly into each affected ear three times daily (morning, evening and after swimming, showering or bathing). Continue treatment until two days after symptoms have disappeared. Discontinue use if there is no clinical improvement after seven days. **Contra-indications, warnings, etc:** Known sensitivity to any of the ingredients. Not recommended in children under 12 years without medical advice. **Pregnancy/ Lactation:** There are no known restrictions to the use of the product in pregnancy and lactation. **Special Precautions:** Patients who are known to have a perforated eardrum should only use under medical supervision. If pain occurs during use, or if symptoms worsen or do not improve within 48 hours or if hearing becomes impaired, stop treatment and consult your doctor. **Pharmaceutical Precautions:** Store upright in the carton below 25°C. Shake bottle before use. Before first use, prime the pump by depressing the actuator 6-10 times. Use within one month of first use. If more than one week since last use, press actuator a few times. Avoid spraying near eyes. **Legal Category: P Basic NHS Cost:** £3.80. **Retail Selling Price:** £6.38. **Product Licence Number:** 0036/0072. **Product Licence Holder:** Stafford-Miller Limited, Broadwater Road, Welwyn Garden City, Herts. AL7 3SP. **Date of Preparation:** May 1999 D04194

STAFFORD-MILLER

C&D publication *Over the Counter* recently teamed up with Johnson & Johnson.MSD Consumer Pharmaceuticals to conduct the first major survey of pharmacy counter staff. The answers provide a unique insight into the working practices, training experiences and opinions of over 650 pharmacy assistants nationwide

Pharmacy staff speak up



While there is no such person as a 'typical' pharmacy assistant, the results of the new *OTC*/Johnson & Johnson.MSD survey paint a clearer picture of pharmacy staff than has ever been published before.

Predominately female (no surprises here), pharmacy assistants make a loyal workforce. The survey shows that, on average, assistants have worked at their pharmacy for about five years and nearly a third have been at their current location for seven years or more.

Over half of the respondents have children and these employees are much more likely to have been at their current pharmacy for five years or more. Around a third of assistants work part time (less than five days a week), most work all day and only 15 per cent work on Sundays.

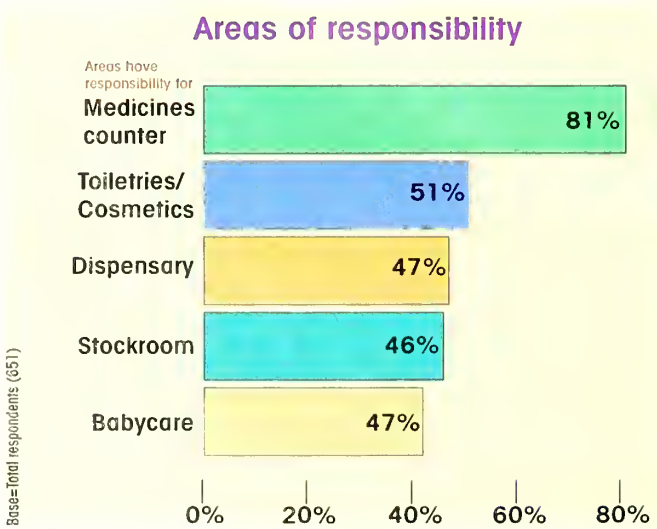
Average earnings

The majority of pharmacy assistants surveyed earn £4.50 an hour or less. The highest average hourly wages for assistants surveyed are paid in London and the South East and the lowest in Scotland, the Midlands and East Anglia. In most cases, a uniform is provided with the job, particularly in Scotland and Northern Ireland (98 per cent and 94 per cent, respectively) but less so in London and the South East (75 per cent).

Eighty-one per cent of respondents work in, or have responsibility for, the medicines counter. However, they are also quite likely to be involved with toiletries and cosmetics (51 per cent), the dispensary (47 per cent), the stockroom (46 per cent) and babycare (42 per cent).

Pharmacy assistants surveyed are evenly divided between those who believe that homoeopathic remedies are effective and those who are unsure about their efficacy.

Recommendation of herbal medicines is very much seen as an occasional rather than a frequent practice. They are more popular among assistants in Northern Ireland where some 30 per cent claim to recommend them frequently.



Learning experiences

The survey shows nine out of ten respondents have either completed a medicines counter assistant course approved by the Royal Pharmaceutical Society or are part of the way through one.

Eighty-five per cent have their 'learning experiences' presented to them on the job, which they consider to be the best way of learning. However, 61 per cent also learn from articles in magazines such as *OTC* and self-learning packs.

Training needs

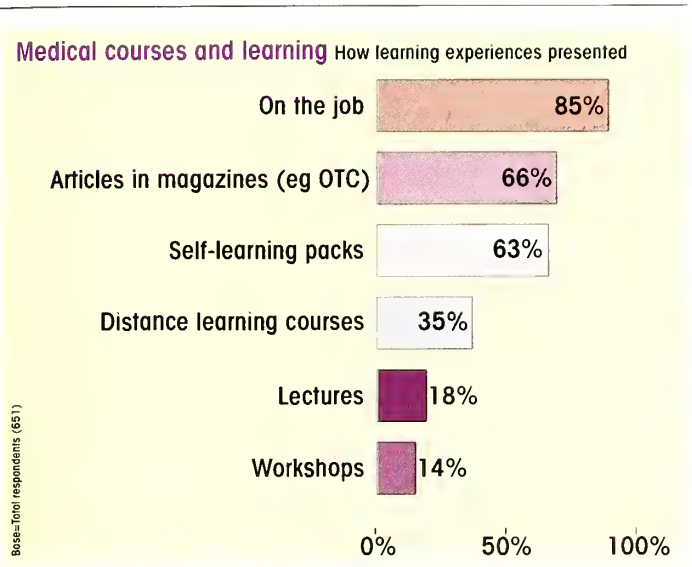
The clear message to OTC manufacturers is for a mixture of both more generic training material about specific complaints as well as branded training material about specific products.

Pharmacy assistants agree wholeheartedly that learning improves product knowledge and means that they are able to carry out their duties better.

However, they are rather less positive about learning being enjoyable and fun. There is also fairly general agreement that learning will not get them a better wage.

The majority of respondents feel that they are able to put their learning into practice and that they do get encouragement to learn from the manager of their pharmacy.

On balance, learning is not perceived as taking up too much



time and the vast majority would not give it up if they were given the option.

Over half of those surveyed said they would benefit from additional product knowledge. The figures then show that the next most important training subjects for assistants are disease areas (46 per cent).

After these areas came identifying customers needs, dealing with difficult customers and merchandising or category management. Stock and cash management are not widely perceived as areas among pharmacy assistants where additional knowledge would be of benefit.

When the assistants were asked about the last two training courses they had completed or attended, the majority were shown to be manufacturer sponsored (37 per cent) but NPA and in-house courses were not far behind (31 per cent and 30 per cent, respectively).

Just over a quarter of respondents have not attended any training courses or events in the last year. However, most other people had attended one or two.

The two factors that are most likely to prevent participation in training are the subject matter of a course not always being perceived as relevant to the assistants, and not being given time on the day to attend. These are followed by reluctance to give time up in the evening and the inevitable element of cost.

Managers score high

In general, this sample of pharmacy assistants rate their managers very highly indeed, particularly in the areas of counter-prescribing, customer relations, dealing with doctors and standard of dress.

Managers were also very well regarded for their skills in the areas of stock management, communication and organisation.

Managers were slightly less well rated for their staff management and least well recognised for arranging staff training. Although even in this area, the average rating score was by no means poor.

Lucky winner on completing the survey: Helen Neild (centre), a pharmacy assistant at United Norwest Co-op Chemist, Whaley Bridge, Cheshire, is presented with £500 worth of shopping vouchers by Stella Buchan (right) professional development manager at Johnson & Johnson.MSD and Justine Morris, local territory manager

Manpower shortage

Despite the number of pharmacies being relatively static in the past few years, there has been an acute shortage of pharmacists in all sectors of the profession. Clearly, all stakeholders need to reflect on how to resolve this situation with the impending fallow year.

The most obvious reasons for this shortage is the advent of supermarket pharmacies with extended hours, the greater number of female pharmacists, fewer independents (who tend to work longer), and the emergence of practice 'advisory' pharmacists. Measures that are being taken to attract pharmacists back to work include getting them to work longer, 'importing' some, and possible 'over-employment' by the larger multiples.

I believe that at least one of the following options are also worth exploring by all decision makers:

- Reducing or closing out-patient dispensing by hospital pharmacy departments. The role of the hospital pharmacist is a specialist one, and as such they should not be over-burdened with mundane OPD dispensing. There is already a good distribution of community pharmacies so the patient would not be disadvantaged.
- It can be argued that the hospitals buy their drugs much cheaper. This can be compensated by following a general rule of five or seven days for all out-patient prescriptions, the savings generated in the supply chain and professional staff time. And, as regards the global effect to the NHS, whatever discounts that the community pharmacies get are taken back in the form of discount claw-back anyway. This seems to be a win-win scenario for the patient, pharmacy departments, and HAs.
- For various reasons the emergence of practice 'advisory' pharmacists has been good news for the profession as a whole, and – one hopes – the patient and DoH. However, decision-makers need to consider innovative solutions to finding these pharmacists rather than just attracting them from hospital pharmacy departments. There are various dual roles that can be combined in settings of low volume dispensing such as essential small pharmacies, and quieter periods in pharmacies. There can be shared costs.
- Relevant CPD training meetings should be developed and combined with those of GPs in local settings. This would increase professional interaction, enhance skill profiles, and be in keeping with the principles of clinical governance. Formulary development needs to be shared within the existing national framework of NICE and local HiMP programmes with the use of web sites to avoid undoubted duplication of work.

Some of the above initiatives are probably already happening, but if followed country-wide every aspect of pharmaceutical care should benefit, including solving in part this current pharmacist shortage.

Nitin Sodha
Redditch, Worcs

Contrary to Xrayser, CPPEs are on the net

CPPEs are on the net despite **Xrayser**'s assertions that we are not (*C&D* June 17, p7). At the Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training (NICPPET), we have been investing heavily in internet-based educational development.

Last year we launched our wound management distance learning module as a web-based programme at our web site, *www.nicppet.org*. This year we will be providing our respiratory distance learning programme on the net.

In addition to courses, we have other educational services, such as our index of available literature that allows easy access to recent educational articles, including those that appear in *C&D*'s **Pharmacy Update** and are currently available on the *dotpharmacy* site.

At NICPPET we fully appreciate the potential the internet offers for education, and particularly for continuing professional development. We will have on-line registration to our courses in the autumn.

Terry Maguire
Director, Northern Ireland CPPET

Concerns over Government proposals

As you know, the Government has produced proposals, announced on April 20, to set maximum prices for generic medicines. Additionally, it proposes to abolish the Category D concession for generics.

As a consultant pharmacist I have, together with my team, been monitoring for the past four years the difference between the real cost price of generics and the Drug Tariff price. We are well placed to comment on the proposals.

We believe that the combination of the two proposals will result in certain pharmaceuticals at best being unavailable or, at worst, ceasing to be supplied to this country. Patients will therefore have to go without their medicine, be switched back to a brand, or be prescribed alternative therapeutic compounds. In some cases – frusemide and the benzodiazepines – there are no easy alternatives.

Nigel Morley
Creaton, Northants

Win a day at the Dome

Millennium Competition for Pharmacy Assistants

The Prize:
A family ticket (two adults and two children) to the Millennium Dome plus travel expenses to get you there

Seize the moment and win an amazing family day out at the Millennium Dome courtesy of Norton Advantage.

Voyage through space to an incredible planet. Take a tour through the human body and see the spectacular Millennium show. Grasp this once in a millennium opportunity.

Through 14 exciting exhibition zones examine the things that effect our lives – the way we work, rest and play.

Do this by entering the Customer Service Zone.

Write to us about an outstanding display of customer service in your pharmacy.

- Pharmacists – reward your staff: nominate the pharmacy assistant responsible.
- Pharmacy assistants – write your own nomination and get your manager to sign it.

It could be anything from a simple selling technique, to a complex window display, an informative pharmacy leaflet to a high tech web site.

Simply fill in the entry form inserted in this issue and you could be off to Millennium Dome.

Get your entry in by July 14. See your Norton Advantage sales representative for extra entry forms or contact the Customer Service Department at Norton Healthcare, Albert Basin, Royal Docks, London E16 2QJ.

For full rules see entry form inserted in this issue

NORTON Advantage®

E-commerce

Pharmacy 2000 – a virtual reality

Bashir Khanbhai, a pharmacist and MEP for the Eastern Region of England, spelt out some blunt realities about e-commerce to the Pharmaceutical Group of the European Union last week

Bashir Khanbhai

The internet and e-commerce will radically and irrevocably change the practice of medicine and reshape the logistics and economics of healthcare delivery.

Healthcare in most countries is highly-regulated. In the European Union there are wide and significant differences in regulations and practice between the member states. Such a patchwork of medical legislation controls the access of information for patients and accounts for the differences in policies with respect to advertising and pricing of prescription medicines.

Advances in information technology and e-commerce expose the adverse impact of these national policy differences on patient welfare. National governments face rising healthcare expenditure, with greater patient expectations and an ageing population. They seek the benefits that IT can offer in determining priorities, modalities and costing of healthcare delivery.

Information should be, but is currently not, at the centre of healthcare delivery. Very few patients have in-depth knowledge of their illnesses and the best treatment options available to them. They rely on the doctor's judgement. Such judgements are often based on poor information about local availability of hospital beds and consultants, and limited financial resources.

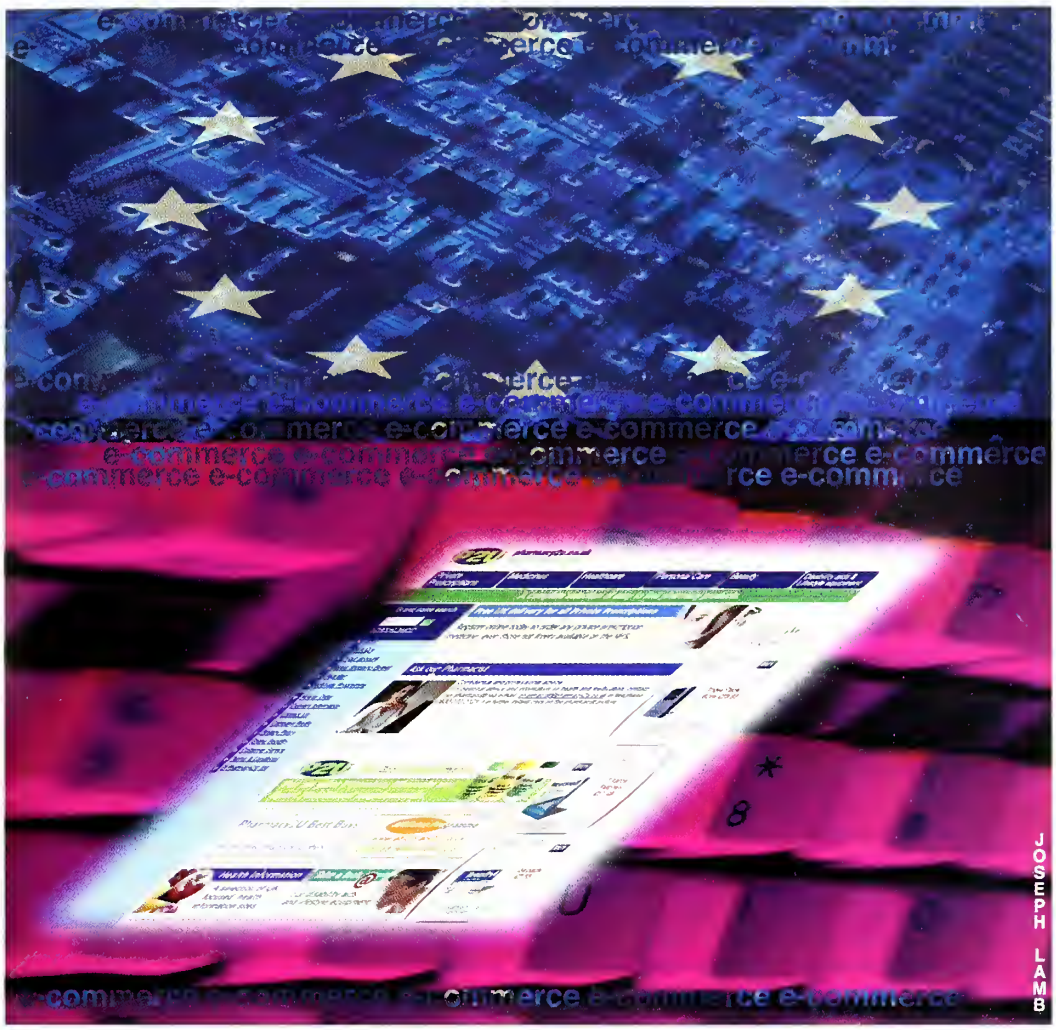
Inability to access patient medical records wherever and whenever needed wastes time, risks lives and triggers unnecessary duplication of expensive tests. The internet offers vast opportunities to present information on symptoms, treatment options, side effects and costs.

Currently, lack of standards and appropriate legislation allows questionable opinions to exist alongside valuable and authoritative information. Patients with high expectations will challenge physicians about treatment options. There are risks and potential harm in prescribing medicines over the internet without direct physical examination of the patient by a doctor.

It is, therefore, essential that appropriate e-commerce legislation is introduced to guarantee the authority and validity of medical information, the security and safety in prescribing and dispensing of prescription medicines and the general sale of non-prescription medicines.

In the US, physicians and pharmacists have been prosecuted for prescribing medicines via virtual consultations. President Clinton has called for e-pharmacies to be licensed by the Food & Drug Administration. Such developments have led the US Association of Pharmacy Boards to establish a voluntary certification to accredit e-pharmacies.

Sadly, for traditional pharmacists in their shops, health on the internet is becoming big business for new entrants who are seeking to control consumer healthcare, medical



products and equipment sales. They want to provide community web sites for physicians, offering access to patient medical records and laboratory tests; net-based telemedicine for imaging, and other services provided from afar – the service of a virtual pharmacy!

In the UK the market for prescription medicines is worth more than £8 billion, and that for OTC products is £3 billion. A British e-pharmacy called Pharmacy2U processes private prescriptions at half the cost normally charged by traditional 'bricks and mortar' pharmacies.

Its web site offers 9,000 generic health products including its own brand of vitamins, priced 10 per cent cheaper than multiples such as Boots. Consultation for patients is private and secure. Deliveries are free for minimum-value orders.

Patients can access web sites such as NHS Direct, Health in Focus and Planet Medica to find out more about symptoms and how to treat them. Care4free allows free e-mail consultations with a doctor, while Netdoctor has an 'Ask the Doctor' section featuring well-known TV physicians such as Dr Hillary Jones.

Such a service will appeal to employers, who pay so much for workers taking time off to see their doctors. It will appeal to self-employed people. It will cross national boundaries where there are significant price differences in cost of medicines and treatment.

The response of the large pharmaceutical companies to the birth of such virtual pharmacies is ambiguous. Their web sites, more often than not, offer corporate PR rather than detailed medical information on drug usage and effects. They have hesitated so far to exploit the web for direct selling to patients, to avoid triggering the ire of regulators, wholesalers and retail pharmacists. There is also uncertainty about the potential for legal liabilities from drug side effects in direct sale to the consumer.

However, it is only a matter of time before the pharmaceutical companies establish a 'hot link' with physicians giving them direct access to comprehensive data on products, efficacy, toxicity, contra-indications, availability and costs.

As doctors become more proficient in using the internet, the momentum for e-sales of prescription medicines will accelerate. Direct transfer of an e-prescription from the doctor's office to the e-pharmacy of the patient's choice will eliminate the need for many pharmacy visits.

Mark ups by the wholesalers and pharmacies add up to 40 per cent to the cost of medicines, and governments of EU member states see a great opportunity to achieve significant savings if an e-supply network employing fewer people and operating at minimal optimal stock levels could be established.

Such a development will threaten the existence of many wholesalers and retail pharmacies. This will not happen without a fight as independent retail pharmacists constitute a powerful lobby.

It is clear that the sale of pharmaceuticals via the internet will erode the profit margins and incomes of traditional pharmacists running their shops. Legislation for e-commerce, and consumer demand for transparency and competition, will drive prices lower. Such reductions will come from reduced transaction costs by adoption of an e-supply chain that could diminish the protection pharmacists have enjoyed to date.

National expenditure on healthcare delivery has not been subject to the economic pressures that have driven productivity and competitiveness in other sectors. New business entrants seem eager to court national governments worldwide and to reap the rewards of using the internet to optimise healthcare delivery.

The apothecary of today must adapt quickly to ensure favourable legislation is in place so that he retains his place in the health delivery system of the new century.

PAGB

'Self-core – the new horizon?' was a joint conference held by the Proprietary Association of Great Britain, the National Pharmaceutical Association, the Doctor Patient Partnership and NHS Direct. It took place in London on June 22

Health professionals, patient groups, the NHS and the OTC medicines industry gathered last week to consider 'Self-care the new horizon?'

Putting self-care at the centre

Self-care will be a key issue in the NHS National Plan, due to be published at the end of July, Health Minister Gisela Stuart has indicated.

The Government remains fully committed to a health system funded by taxation, but modernisation means looking at how to deliver it at every level, she told the conference.

Critics may suggest that self-care will have to play an important part because of a lack of resources. "That's not the case, it is about getting the balance right," she said. "There are issues of how we make it available to the public." It has been suggested that self-care accounts for perhaps as much as 80-90 per cent of all healthcare. "I firmly believe that supporting self-care may be one of the best investments we have in the future of our health system."

There are very different interest groups - from single mothers, people living alone, the elderly, those managing long-term conditions, those discharged from hospital. "What is important is that we genuinely respond to the needs of patients and the expectations."

She cited the importance of NHS Direct within self-care. "It is not medical treatment in itself, but its effectiveness is that the advice given is felt to be acceptable by the person who receives it." This means it removes any doubt for the patient as to the next step to take.

She acknowledged that the Government may not have appreciated the way people use local pharmacies. Community pharmacies are accessible with no appointments needed, she said, but up to now the pharmacists' skills may not have been fully utilised.

Citing the success of the winter planning campaign and the NPA's 'Ask your pharmacist' roadshow, she thought the important message was making the public aware of the right contact points for healthcare.

She set out three challenges: "We would like to see a vision for the development of self-care which puts patients and their carers at the centre. I would like to see the emergence of a range of ideas to make Britain a world leader in a range of information sources. I would like to see ideas on how we, as a Government, can measure the effectiveness of self-care so that we can make the investment."

Health Minister Gisela Stuart

As to the use of IT for transfer of patient information between healthcare practitioners, Ms Stuart said there were questions about confidentiality that needed to be addressed. "The public debate will be to what extent is the public prepared to do a trade off between access to information and better health," she said. However, it might be the professionals who are more reticent on this, she suggested. "The public are surprised at how little we exchange information."

IT changes will shift patient/practitioner focus

It is because the NHS has such a monopoly that it has lagged behind other business sectors in terms of development in information technology and the internet. But the changes mean there will be a new paradigm, said Muir Grey, chairman of the National Electronic Library for Health.

Up until now, it has been the healthcare practitioners who have led the way. But now, "the well-informed patient will be the main driver of change", he said.

Two important principles are emerging, he said. Patients now need to be fully informed about benefits, limitations and risks before any treatment or procedure begins, and the values considered. The second is that the focus will be on shared decision making. Even so, he warned, everyone has different expectations. Some people will want to make their own decisions; others will want the practitioner to make the decision for them.

For the clinician, the three most important words in the 21st century will be 'I don't know', he said. No-one can keep up to date with the amount of medical literature. And while the public expectation of what a practitioner knows and can do has to change, the public are quite realistic about that, he said. Instead, both sides have to start shifting on how they regard the patient/practitioner consultation.

He outlined a plan of action to help bring about better healthcare: "We need a campaign for the understanding of the science and art of clinical practice," he said. People have very little understanding of the health professions and their limitations. Despite all the successes of the screening programmes, one wrong result still results in negative headlines; he gave as an example. "We need to help people on how to understand risk factors, on what do we mean by an effective treatment. We may have to look at what happens in the consultation. Do they realise it is often their social needs as well as their health needs?"

The second campaign would be to improve patients' knowledge. One way would be to seek an agreement on the internet among health information sites to improve the quality of information.

The third step is to think about how clinicians can change, including looking at how paternalistic they are, their training and how open the system is.

Part of the NELH's task is to provide easy access to information, to make it available to the public and clinicians. He also proposed that it may be accepted that patients can be better informed than the clinician, particularly if they have a rare disease.

Social change is impacting on NHS

The effects of social change are as irresistible as they are visible, said BBC social affairs editor Niall Dickson.

Family life has changed and traditional morality has been significantly eroded so that there is no agreed morality, and individualism extends into ethics.

At the same time the high standing of the professional has fallen. Money means people can get things quickly and people have significant choice. "This is an instant society, but the NHS is anything but instant," he said.

"There will be a demand for a new, strong relationship between those who use and those who provide the service. The idea will be to change the patient from supplicant to active participant. And the professionals will move away from being doers to being educators."

Customers are outpacing pharmacy IT developments

The customer is moving faster that the current pharmacy IT structure in terms of technology, knowledge and expectation. Pharmacy needs to catch up, overtake and anticipate demand in this area, Penny Beck, Tesco's superintendent pharmacist, told the conference.

Demand for on-line pharmacy services comes from four directions: consumers, Government, commercial web sites, and cost considerations, she said.

Current healthcare options are no longer relevant to a growing number of people, given the change in patterns of work, longer retail opening hours and working single parents. Customers have access to on-line purchasing for many goods and services and expect the same for healthcare, she said.

"This may have severe implications for pharmacists where customers obviate the advice and services of the local professional in preference for ease of access and anonymity, as seen by the overseas purchasing of Viagra."

While web sites can provide a degree of interrogation, they cannot replicate the intuition and experience of a practising pharmacist. And how can you verify the purchaser is who they say they are? "The Government is moving towards adopting electronic signatures, but currently we can really only rely on the IP address, user name and password or consumer honesty."

There is a need to address the concept and practice of audit for on-line transactions, she suggested. Pharmacy web sites need to incorporate a series of questions and answers to ensure clinical excellence and satisfy the legal and medical requirements for OTC sales. These need to be archived for possible future reference.

A major problem of buying on-line is the lead time for delivery. Since a large number of OTC medicines tend to be impulse buys, the rationale for buying over the internet is nowhere as strong as for other goods and services.

The make-up and proportion of those with internet access also must be considered for there to be equality of opportunity. "It is easy to be swayed by the image of the young professional purchasing on-line from his office or loft conversion in the City. We must, however, always consider the old, the infirm, the homeless and the poor, who are major users of healthcare services."

Penny Beck, superintendent pharmacist, Tesco

Referral scheme backs pharmacy supply

A scheme in which patients were offered a referral by the GP surgery to the pharmacy for minor ailments has proved a success.

As a result, the GP surgery in the pilot study has seen its minor ailment caseload reduced from 8.9 per cent to 6.6 per cent as a proportion of total caseload. The scheme which has operated with one GP surgery with 8,000 patients and eight community pharmacies in Bootle, Merseyside, is now studying the effects of hay fever to gain further data.

Results so far, based on a four-month baseline study and a six-month scheme evaluation show that GP contacts for acute minor ailments per 1,000 population per week fell from 6.3 per cent to 4.5. At the same time, the number of contacts at the community pharmacies increased from 8.4 per cent to 11.5.

Peter Noyce, professor of pharmacy practice at the School of Pharmacy at the University of Manchester, said that the scheme meant about 40 per cent of minor acute consultations transferred from the GP surgery to the community pharmacists.

Take up by the patients was also variable, depending on which of the 12 ailments for referral the patients had. Head lice was the most easily referred with 83 per cent being dealt with by the pharmacists. Thrush had a 73 per cent referral. The take up for cough and earache was much lower at 13 per cent and 12 per cent, respectively. The study also found that antibiotics were prescribed for 22 per cent of those people who did not transfer.

Cyber health will not exclude others

The public will need and will use on-line self-care, said Lloydspharmacy superintendent Andy Murdoch. However, it will only be one of many channels of healthcare delivery and will not be at the exclusion of everything else, he said.

Lloydspharmacy's Andy Murdoch

An over-arching requirement is that cyber healthcare must have an added value. Credibility is important, too, as people tend to look at the 'who we are' page on an internet site before going further. And in the future, an important issue will be the ability to compare prices and products, with search engines looking for the cheapest product. Areas to be considered include:

- the balance between legal requirements and the freedom of access to information
- whether the UK public will pay handling and shipping charges as they do in the US
- how much direct-to-consumer advertising will grow sales
- will health/medicine information on the internet be unbiased, or will site sponsors hide their input
- how will the pharmacist protect the patient.

UK office plans for Pfizer Inc

Some Pfizer and Warner-Lambert staff are preparing for an office reshuffle following the completion of their $230 billion merger.

Pfizer UK's pharmaceutical division will remain in Sandwich, Kent, until the end of 2001, when it will relocate to the company's new UK headquarters in Walton on the Hill, Surrey. Around 200 employees will be involved.

Both companies' consumer business will be called Warner-Lambert Consumer Group, a division of Pfizer Inc. This will eventually be based at Eastleigh, Hampshire, where Warner-Lambert Consumer Health is already based. The new division will be the contact point for all OTCs, toiletry sales and marketing. Pfizer Consumer Health's staff in Alton, Hampshire, will move to Eastleigh at a later date.

Wilkinson Sword, Tetra Aquatic Products and Adams Confectionery will also trade under the Warner-Lambert Consumer Group.

Sandwich Laboratories, Pfizer's Sandwich-based research and development centre, will remain there and is being expanded. The expansion is expected to be completed in 2002.

On-line courier wants pharmacy customers

An on-line service that will deliver retailers' products to consumers is looking for pharmacy clients in the London area.

Qikit plans to act as a third party courier for pharmacists and other retailers, and promises to deliver products within one hour. Its service will operate 24 hours a day, seven days a week.

Pharmacists arrange which products they want the company to deliver, and these will be stored in a warehouse. The company is looking for a suitable depot.

It said OTCs was an ideal product for its service because its couriers would ensure customers personally received the goods.

The pharmacy is given its own web page in Qikit's web site – *www.Qikit.com* – where consumers can see the products on offer. These will be delivered free to consumers via mopeds because these are considered the quickest form of transport in London.

Qikit will negotiate how much it will charge pharmacies for the service.

The company claims to have secured partners with a number of manufacturers and retailers, including High Street names. It would not reveal further details.

Its founder is Paul Weismann, a former stock broker who left SG Cowan in January to set up the web site.

Pharmacies who want more information should contact Mr Weismann at: 020 7700 1570.

More UK consumers using internet

More UK consumers are gaining access to the internet, despite the recent bad press over dot.com bankruptcies, according to internet information specialist NetValue.

The number of internet users grew 15 per cent to 9.9 million in the six months to May. And people are spending more time on the web – from an average 282 minutes in December to 366 minutes in May.

In addition, more women are logging on: their numbers have grown 12 per cent to 3.8 million in May, compared with December. An estimated 2.5 million women visited an e-commerce web site in May, up 22 per cent on December. On average, women access the web nearly eight days a month, totalling 15.8 sessions and visiting nearly 31 domains. They spend around four hours a month on-line.

Women's top e-commerce web site is *streetsonline.co.uk*, which covers books, music and games – it is also the most popular with men.

'Silver surfers', internet users over 50 years old, account for one fifth of UK consumers who have access to the net. But those aged 65 years plus are said to have grown an "astonishing" 18.3 per cent during the six month period, and represented around 500,000 users in May.

The 35-49-year-old age group remains the biggest user of the internet, accounting for 30.4 per cent of UK users.

IN BRIEF

AAH launches prostate test

Community Health Services, AAH Pharmaceuticals' professional services division, has launched a risk assessment test for prostate cancer. The test retails at £10 and pharmacists ore given instructions on how to carry out and market the test. AAH said 120 pharmacists have signed up to CHS' programme.

Galen acquires Ceporex

Galen Holdings, the Irish pharmaceuticol group, has acquired Glaxo Wellcome's Ceporex cephalosporin antibiotic. Galen will be responsible for the sales, marketing and distribution of the product in the UK from July 1. From this date all orders for Ceporex should be directed at Galen's soles office, tel: 028 3833 4974.

Unipharma prize draw winner

Harry Crookes from Shotton-based Crookes Pharmacy, has won a Dell computer with CD-Rom access, modem and printer in a prize draw run by *www.unipharma.net*. The web site is offering regular competitions for pharmacists who log onto it.

Lloydspharmacy in retail IT

Lloydspharmacy has chosen Wincor Nixdorf, a specialist in retail IT solutions and services, as a prime contractor for a retail systems integration project designed to improve the chain's management of sales, stock information, and internal communication. WN will install its BEETLE EPoS terminals, NEW Windows CE-based hand held scanners and PCs for offices.

BR Pharmaceuticals up 103%

BR Pharmaceuticals, the VMS supplier based in West Leeds, reports a 103 per cent increose in turnover to £1.82m for the year to March 31. Its profits were around £160,000. The company has set up a web site – *www.brpharma.co.uk* – which is due to go live in August.

Charitable Boots

The Boots Co gave £4.2m to the community through charitoble and educational donations, sponsorships and gifts in the year to March 31.

Marimastat failure hits British Biotech

British Biotech's shares fell nearly 22 per cent to 19p after it announced that marimastat, one of its leading compounds, had failed in a Phase III clinical trial to work against glioblastoma, a form of brain cancer.

Patients given marimastat did not fare any better than those given a placebo.

Tony Weir, BB's finance director, said the patients had an aggressive form of cancer, whereas marimastat worked better against early-stage cancer. The compound is also involved in two studies in small-cell lung cancer and BB expects it to perform better there. It will report the results later this year.

The company will also run another four trials for marimastat, most of them next year. But it is expected to drop the compound if the lung cancer trials fail to produce a positive result.

Generic firms form own organisation to lobby DoH

Five of the UK's biggest specialist generic wholesalers have formed an organisation – British Association of Generic Distributors – to lobby the Government and to promote their interests.

BAGD's members are Colorama Pharmaceuticals, Kent Pharmaceuticals, Medihealth, Sigma Pharmaceuticals and Waymade Healthcare, and another two companies are expected to join shortly.

John Clark, BAGD's chairman and sales and marketing director of Kent Pharmaceuticals, is currently running the Association from his firm's office. BAGD may establish a separate office in future.

He insisted the BAGD's members were not just shortliners, who tend to be relatively small businesses, but major specialist generic firms whose combined voice would carry considerable clout with the Government.

He said the distributors decided to form the BAGD after the Department of Health had commented it was a shame they did not have a representative body – it was having to talk to specialist generic distributors individually during its generic pricing review.

Mr Clark said DoH was "very pleased" with the launch of BAGD and had already met the Association, which advised the DoH to withdraw its proposals and let the market run itself. BAGD argued this system had worked well for years.

Its members believe the DoH's new generic prices could leave them nursing losses of around £1 million because of the stock they recently purchased.

Mr Clark said BAGD had also had several meetings with Oxford Economic Research Associations, which is carrying out a review of the generic supply chain.

He said BAGD's members were fed up with accusations about the way they operate. "For years now we have helped to create a competitive environment for generic medicines and yet we have still taken all the flack from other vested interests groups simply because we had no body to represent us – well, now that's all changed," he said.

BAGD's stated objectives are to:

- give a balanced view of the supply and demand of the generics market to the DoH
- give a voice to a part of the generic supply chain "that has been an easy target for other groups"
- set the standard for generic supply in the UK
- supply information to recognised bodies within the industry to promote a better understanding of the generic market
- offer a platform for discussion between the pharmaceutical industry and specialist generic wholesalers
- co-operate with other UK bodies with similar interests and objectives.

While Mr Clark said it was too early to say whether BAGD would develop any ties/initiatives with the British Association of Pharmaceutical Wholesalers, the BAGD could do so in future.

He denied the BAGD would no longer have a role when the generic pricing review was over. "This is not a supposed to be a quick price fix – there will still be an on-going consultations [with the DoH] and we'll have a role to play in these," he said.

A fundamental problem, he added, had been the lack of dialogue between the Government and the generics industry. "If we had talked to the Government over the past ten years, the problems we're having now may not have occurred," he said.

Pharmalife web site to go live

Pharmalife.co.uk, the on-line information service for pharmacists, is scheduled to go live this week.

Its features include news/information, library resources, training materials and career management advice.

Musa Dhalla, chief executive and founder of Pharmalife, the London-based company running the web site, is looking for more investors to pump money into the project.

Some investors may stay away from dot.com ventures, considering the poor publicity they are generating, but Mr Dhalla said the extra discipline in the market place was a good thing for fledgling companies. "Sentiment rises and falls but, at the end of the day, companies with good business plans will succeed [in raising cash]. It might just take a little longer than it would have done six months ago," he said.

RPM remains key issue

Resale price maintenance will continue to be a key issue for OTC medicines manufacturers for the next six months, PAGB president Simon Pulsford (SmithKline Beecham) told members at the Association's annual dinner.

Preliminary investigations have shown that OTC medicines in the UK are no more expensive than in other European Union countries where RPM does not exist, and OTC manufacturers generally do not make excessive profits.

Pharmacists do not make excessive profits either, said Mr Pulsford. The key arguments put forward by the OFT are not well supported by the evidence, he suggested.

Much more work needs to be done before the case comes to court in October. "We need to explain to the public the consequences of the loss of RPM. A key objective for the PAGB in the next four months will be to work with the Community Pharmacy Action Group to ensure that the PR battle is vigorously pursued and is understood by all the stakeholders, and particularly consumers."

Preparing for the case had not been easy and involved a great deal of work, he said. "We have discovered in the process that justice does not come cheap." In fact, the Community Pharmacy Action Group's costs have doubled in the past six months

"The PAGB has been solidly behind this case. And we do have sufficient money to see the case through and win it," said Mr Pulsford.

ADVANCE INFORMATION

Pharmacy Prestige lecture at the University of Bradford on **July 6**. 'Art, science and regulation of pharmaceutical product development' by Dr Ajaz Hussain from the Office of Testing and Research at the FDA, 5.30pm in the Richmond Building. Details from Professor Peter York on 01274 234738.

July 10-11, Conference on 'Patient information leaflets & labelling' at Forte Posthouse Regents Park. To register, tel: 020 7453 5496.

July 11-14, 'Epilepsy 2000: Science into practice' symposium. Joint event between the **National Society for Epilepsy** and the **British Pharmacological Society**. Further details from Pamela Dale on 020 7417 0111.

One day conference on 'The National Plan – getting modernisation policy into practice', to be held at the Royal College of Surgeons, London, on **July 18**. Details from Liz Haw, tel: 01423 506611.

Classified

Appointments £27.00 P.S.C.C. + VAT minimum 3x1. Generol classified £18.00 P.S.C.C. + VAT minimum 3x2. Box numbers £15.00 extro. Avoilable on request. Copy dote 4pm Tuesdoy prior to Soturdoy publicotion. Concellotion deodline 10om Friday; one week prior to insertion dote. All concellotions must be in writing. Contoct Matt Goold Chemist & Druggist (Classified), Miller Freemon UK Ltd. Sovereign Woy, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fox. 01732 377179 Internet. http://www.dotphormocy.co.uk.
All major credit cards accepted

APPOINTMENTS

Bromley, Kent and surrounding area

Dispensers

As a Baats Dispenser, the service yau pravide extends beyand filling prescriptians. Yau'll alsa pravide expert, sympathetic advice ta the many custamers wha have questians ar warries. This is the level af service which has made Baats the hausehald name far pharmacy that it is taday.

Dispensing medicines clearly calls far camplete accuracy, and yau'll be cammitted ta ensuring that every prescriptian is dispensed withaut fault. Yau'll be quick ta learn and able ta absarb wider product knawledge and technical infarmatian. A friendly and understanding persan, yau'll always be willing ta take the time ta listen ta custamers, and understand their needs.

Yau shauld alsa have a BTEC/SCOTVEC in Pharmaceutical Science (ar equivalent), and basic camputer skills. In return, we affer a campetitive salary supparted by excellent benefits including generaus staff discaunts, prafit-related banus and 25 days haliday.

This is a na-smaking stare.

Ta further yaur retail career in this impartant and challenging area, please apply ta . . .

Mr Anish Dhalakia, Pharmacy Manager,
BOOTS THE CHEMISTS
234 The Glades Shapping Centre,
Bramley, Kent BR1 7QG
Tel: 020 8464 0231

Boots

Dispensing wisdom as well as medicines

POSITIVE ABOUT DISABLED PEOPLE

INVESTOR IN PEOPLE

Excellent Career Opportunities in a Multi Depot Company

WE ARE A SUCCESSFUL, EXPANDING PHARMACEUTICAL COMPANY WHO HAVE THE FOLLOWING VACANCIES:

- REGIONAL SALES PEOPLE WITH RECENT EXPERIENCE IN THE SELLING OF PARALLEL IMPORTS AND/OR GENERICS FOR BOTH FIELD AND TELESALES.
- BUYERS WITH EXPERIENCE OF PURCHASING GENERICS AND PARALLEL IMPORTS.
- EXPERIENCED REGIONAL WAREHOUSE ASSISTANTS AND DRIVERS

APPLICANTS MUST BE BRIGHT, ENTHUSIASTIC AND HARD WORKING TEAM PLAYERS

COMPETITIVE SALARY, CONTINUOUS TRAINING AND EXCELLENT CAREER PROSPECTS.

PLEASE SEND A CV AND COVERING LETTER FOR THE ATTENTION OF MR BARNBY TO BOX NO. 3577

DAY LEWIS

Dispensing Technician/ Assistant

Urgently required for busy pharmacy in Bromley area. Salary by negotiation.

Please contact: Atul on
Tel: 020 8698 3160
Fax: 020 8697 5260

LONDON WC1

Part time dispenser/assistant required.

No Saturdays

For further details please telephone:
Mr Freilech on
020 7405 1039

ACCOUNTANCY SERVICES

LEWIS-SIMLER
CHARTERED ACCOUNTANTS

We are fully computerised and can offer you the following services at very reasonable rates.

COMPUTERISED BOOK KEEPING
SALES INVOICING
PAYROLL
MANAGEMENT ACCOUNTS
CASH FLOW FORECASTS
VAT RETURNS
CREDIT CONTROL
FINANCIAL ACCOUNTS
SELF ASSESSMENT TAX RETURN

Please contact us for Free quotation on:

Tel: 020 7482 4424
Fax: 020 7482 4623 or
E-mail: nick@eles.co.uk

DISPENSING/ COUNTER ASSISTANT

For a modern pharmacy in St John's Wood NW8

Do you have:

- Good customer service skills
- The ability to organise yourself

We are looking for a capable member of staff to join our small friendly team. Full time or part time considered with a salary package to match your abilities and experience

Please contact Dilip on
020 7254 2696

C.C.T.V.

CCTV SALE

Colour Quad System
4 Cameras, Quad Split
24hr VCR, 14" Screen
£1099 - 7 units available

WHOLESALE DISTRIBUTOR

Colour Multiplex System
4 Cameras, duplex, Multiplexers,
24hr VCR, 14" Screen
£1499 5 units available

Many other products available

Free Call 0800-056 0462
WEBSITE: WWW.SECURITYDIRECT.CO.UK

ACCOUNTANTS

Accountants

Please take a few seconds to answer the following questions.

Yes No

- ☐ ☐ Is your top rate of tax 20%?
- ☐ ☐ Do you receive advice throughout the year on how to reduce your tax bills?
- ☐ ☐ Does your accountant understand your business?
- ☐ ☐ Is your accountant imaginative and proactive?
- ☐ ☐ Does your accountant help you to increase your profits?
- ☐ ☐ Are your accounts and tax returns prepared on a timely basis?
- ☐ ☐ Do you have the option to pay your accountancy fees on a monthly basis to help with your cash flow?

If your answers are mainly no, please call us for more information or a free consultation.

Phone: 020 7433 1513
Hutchings Modi & Co
Accountants & Tax Consultants
www.hutchingsmodi.co.uk

EQUIPMENT FOR SALE

MINI-PHOTO-LAB GRETAG MASTER ONE 260

2½ years old, excellent condition with paper and chemicals.

Bought new £38,500, will accept **£5,000 ono,** for quick sale.

Please contact Kelly on 01204 364090 Extension 137

PHOTO ME 35MM

Colour/Black and White photograph developing machine. Takes up little space and is user friendly. Purchased new August 1998 for £25,000 looking for **offers over £10,000.**

Can deliver throughout UK.

Phone: Mr David Sands
01577 865141
Kinross, Scotland

FIXTURES AND FITTINGS

ENTIRE SHOP FITTINGS

Including 4 banks of continental drawers, glass shelves and counters.

Contact **Dilip on 07713 072765**

BUSINESS WANTED

NORTH WEST ENGLAND

Independent chain wishes to acquire Single Pharmacy or small Group.
Don't give up your independence, sell it on!
For a rapid decision made in the strictest confidence contact.
Gary Sawbridge
Tel: 0151 494 2122/0780 1231615 (Mobile)
David Turner
Tel: 0151 727 1437/07850 190530 (Mobile)
Chemicare Health Ltd

BUSINESS WANTED

DAY LEWIS **CHEMIST** *We Care* DAY LEWIS

Progressive chain of 60 shops seeks to acquire Pharmacies with turnover of in excess of £400,000 in Southeast England and East Anglia. Freehold purchases. Matter treated in the strictest confidence. For a quick decision contact:

Day Lewis Group, Bensham House,
324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
Tel: 0208 689 2255 ext. 221. Mobile 0860 484999. Fax: 0208 689 0076
Email: DayLewis@aol.com

London and Surrounding Counties

Independent Pharmacist seeks to acquire pharmacy business with T/O in excess of £450k.
Freeholds purchased.
For quick confidential decisions please contact: Mr A Singh on 0956 217630

PRODUCTS AND SERVICES

Mandeville Medicines
MANUFACTURERS OF SPECIAL PHARMACEUTICAL PRODUCTS

Bespoked Tailors of Pharmaceuticals offering

A TRADITIONAL SPECIALS SERVICE

for that "specials" patient cared for by that special professional

Where confidence in quality and price is a must and where the minimum order value is ONE.

Contact:
Karol Pazik, Director, on 01296 394142.
Mandeville Medicines,
The Specialists in Specials.
For sterile, non-sterile and assembled specials, clinical trials supplies and a free help line.

www.3pears.com

Three Pears Wholesale Ltd

Open Day Extravaganza

Wednesday 5th and Thursday 6th July
9 am - 8 pm

10% off EVERYTHING

Over 100 multi's represented
Stock give-aways. One off deals.
Delivery Service Available.

Station Road Industrial Estate,
Station Road, Blackheath,
West Midlands B65 0JY
Tel: 0121 559 5351
Fax: 0121 559 5353
Email: edunn@btconnect.com

VETERINARY SERVICES

Oshwal Pharmacists on the march again

After a 'fallow year' Oshwal Pharmacists held their annual charity walk once again on June 25. The 10km hike, which started and finished at the Oshwal Centre in Potters Bar, raised a total of £13,562, which will be given to three nominated charities: Brace (for Alzheimer's research), Get Kids Going (sports and mobility for disabled children) and the Prostate Cancer Charity. Some 130 walkers completed the course, including 29 pharmacists and 50 children under 16. All walkers were treated to refreshments on the day (this was the weekend when the sun actually shone, remember?) and a hot lunch, courtesy of Watford wholesaler Sigma Pharmaceuticals, which sponsored the cost of organising the event.

Kamal Shah (left) and Bharat Shah (second left) from sponsors Sigma Pharmaceuticals take a pit stop at the half way point

PJ editor is on the move

News leaked out from Fortress Lambeth last week that the Editor of the *Pharmaceutical Journal*, Douglas Simpson, is to leave the title on September 1. No announcement was made until Tuesday, the the Society's PR office was prodded, so the rumour mill was in full swing. Whether he was 'taking early retirement' or 'resigning' depended on who you spoke to. The man himself was saying nothing other than to confirm he was leaving to do other things. The Society's official word is that Mr Simpson is taking early retirement. He has been with the Society for over 30 years.

Douglas Simpson

Doug has fought consistently to preserve the editorial integrity of the *PJ*, sometimes in the face of pressure from the Society's establishment, which finds it difficult to understand that the *PJ* is editorially independent and does not necessarily toe the official line. Two years ago he also successfully fought off proposals under the Banks management reorganisation plan, which would have seen the post of *PJ* editor downgraded within a general publishing directorate headed by a lay publisher.

As fellow journalists, we would like to pay tribute to Doug's hard work over many years. His knowledge of things pharmaceutical is enormous, his fellowship of the Society well earned, and he will be a hard act to follow.

Pharmaco chips in a tablet or two...

Murtaza Master, owner of Master's Pharmacy in Oldbury, Birmingham, was recruited to the medical advisory board of the UK charity World Federation six months ago to screen medical donations for their suitability for use in the clinics which the charity supports in Africa and India. Since then he has taken up the charity's cause in a more substantial way.

Recently he put out a call for donations to the 100 or so members of the Pharmaco buying group to which he belongs. And he has been delighted with the result. Nearly £10,000 of drugs (all well within their expiry date) and cash have been donated, most of which will go to East Africa. Members of the buying group will also be putting out collection boxes to mop up any loose change their customers might have!

Anyone who wishes to make a donation can contact Mr Master on 0121 552 1721. The collection of large parcels can be arranged by the World Federation.

Stuck for a set of initials?

There's a web site to cater for every eventuality, and here's one you probably haven't thought of before, which could become essential viewing for all aspiring pharmaceutical junkies hooked on acronyms. Christian Nordqvist is seeking help from pharmaceutical executives (posh phrase for pharmacists) to help provide content for the web site he has set up listing pharmaceutical acronyms and abbreviations. The list is free and is found at *www.pharma-lexicon.com*.

"We need people to occasionally look at it and tell me about mistakes and missing acronyms," he tells us. Sounds like those with a mischievous bent could have a field day!

Painful extracts from the BDA

The Nissan Motor Group recently used a leaflet campaign to promote car servicing at its authorised dealers. The leaflet suggested that the experience of having your car serviced by a Nissan dealer was nicer and less painful than a visit to the dentist.

Bad move, folks, because it's just not the done thing to perpetuate these old stereotypes these days. Even worse, a copy of the leaflet fell into the hands of the British Dental Association, which has taken severe umbrage. "This sort of advertising is unacceptable," intones the BDA. "It re-enforces the negative stereotypes that dental surgeons work exceptionally hard to overcome every working day of their lives ... It undermines the patient-dentist relationship ... There is a risk that by focusing on the negative aspects of dentistry that Nissan might prevent some nervous patients from seeking dental care."

Some pharmacists just don't seem to be able to hide their proverbial light under a bushel. Dines Green Pharmacy has just clocked up yet another award, this time the National Community Pharmacy of the Year Award, sponsored by SmithKline Beecham. Local people who use pharmacy services were asked to nominate businesses which they felt gave service above and beyond the call of duty. Proprietor Dr Hooman Ghalamkari is seen here receiving his award from SB's Steve Bescoby (left) and Mike Walker (second left). Colin Layland (right) was the customer who nominated Dines Green Pharmacy for the award

 Origination by Marlin Imaging, 2-4 Powerscroft Road, Sideup, Kent. Printed by E T Heron & Co Ltd, Colchester Road, Heybridge, Maldon, Essex. Registered at the Post Office as a Newspaper 20/26/168

Cut here

Why not try the Pharmacist Challenge?

Sponsored by Genus Pharmaceuticals and *Chemist & Druggist*

GENUS PHARMACEUTICALS

CHEMIST & DRUGGIST

As a finalist in the Mastermind-style final you will get a day out at Chemex 2000 as well as the opportunity to pit your wits against five colleagues in a three minute session in 'that chair'.

You could win one of the top three prizes of £1,500 plus a trophy, or £550 or £250 to invest in your personal development. At the very least you'll get a Certificate and your picture in *C&D* to prove that you were there!

All the finalists will be guests at a buffet lunch on the *C&D* stand.

All travel expenses to and from Chemex will be paid for finalists and a partner, as well as Sunday locum expenses, if applicable.

So why not gen up on Pharmacy Update, continue your professional development, and then put yourself to the test in the *C&D*/Genus Pharmaceuticals Pharmacist Challenge?

PHARMACIST CHALLENGE

First fold

Second fold

BUSINESS REPLY SERVICE
Licence No TN36

Miller Freeman

Mary Prebble - Administrator

Pharmacy Editorial Projects

Pharmacist Challenge

Chemist & Druggist Magazine

Miller Freeman UK Ltd, Sovereign Way

Tonbridge KENT TN9 1BR

Third fold and tuck in

Oshwal Pharmacists on the march again

After a 'fallow year' Oshwal Pharmacists held their annual charity walk once again on June 25. The 10km hike, which started and finished at the Oshwal Centre in Potters Bar, raised a total of £13,562, which will be given to three nominated charities: Brace (for Alzheimer's research), Get Kids Going (sports and mobility for disabled children) and the Prostate Cancer Charity. Some 130 walkers completed the course, including 29 pharmacists and 50 children under 16. All walkers were treated to refreshments on the day (this was the weekend when the sun actually shone, remember?) and a hot lunch, courtesy of Watford wholesaler Sigma Pharmaceuticals, which sponsored the cost of organising the event.

Kamal Shah (left) and Bharat Shah (second left) from sponsors Sigma Pharmaceuticals take a pit stop at the half way point

PJ editor is on the move

News leaked out from Fortress Lambeth last week that the Editor of the *Pharmaceutical Journal*, Douglas Simpson, is to leave the title on September 1. No announcement was made until Tuesday, the the Society's PR office was prodded, so the rumour mill was in full swing. Whether he was 'taking early retirement' or 'resigning' depended on who you spoke to. The man himself was saying nothing other than to confirm he was leaving to do other things. The Society's official word is that Mr Simpson is taking early retirement. He has been with the Society for over 30 years.

Douglas Simpson

Doug has fought consistently to preserve the editorial integrity of the *PJ*, sometimes in the face of pressure from the Society's establishment, which finds it difficult to understand that the *PJ* is editorially independent and does not necessarily toe the official line. Two years ago he also successfully fought off proposals under the Banks management reorganisation plan, which would have seen the post of *PJ* editor downgraded within a general publishing directorate headed by a lay publisher.

As fellow journalists, we would like to pay tribute to Doug's hard work over many years. His knowledge of things pharmaceutical is enormous, his fellowship of the Society well earned, and he will be a hard act to follow.

Pharmaco chips in a tablet or two...

Murtaza Master, owner of Master's Pharmacy in Oldbury, Birmingham, was recruited to the medical advisory board of the UK charity World Federation six months ago to screen medical donations for their suitability for use in the clinics which the charity supports in Africa and India. Since then he has taken up the charity's cause in a more substantial way.

Recently he put out a call for donations to the 100 or so members of the Pharmaco buying group to which he belongs. And he has been delighted with the result. Nearly £10,000 of drugs (all well within their expiry date) and cash have been donated, most of which will go to East Africa. Members of the buying group will also be putting out collection boxes to mop up any loose change their customers might have!

Anyone who wishes to make a donation can contact Mr Master on 0121 552 1721. The collection of large parcels can be arranged by the World Federation.

Stuck for a set of initials?

There's a web site to cater for every eventuality, and here's one you probably haven't thought of before, which could become essential viewing for all aspiring pharmaceutical junkies hooked on acronyms. Christian Nordqvist is seeking help from pharmaceutical executives (posh phrase for pharmacists) to help provide content for the web site he has set up listing pharmaceutical acronyms and abbreviations. The list is free and is found at *www.pharma-lexicon.com*.

"We need people to occasionally look at it and tell me about mistakes and missing acronyms," he tells us. Sounds like those with a mischievous bent could have a field day!

Painful extracts from the BDA

The Nissan Motor Group recently used a leaflet campaign to promote car servicing at its authorised dealers. The leaflet suggested that the experience of having your car serviced by a Nissan dealer was nicer and less painful than a visit to the dentist.

Bad move, folks, because it's just not the done thing to perpetuate these old stereotypes these days. Even worse, a copy of the leaflet fell into the hands of the British Dental Association, which has taken severe umbrage. "This sort of advertising is unacceptable," intones the BDA. "It re-enforces the negative stereotypes that dental surgeons work exceptionally hard to overcome every working day of their lives ... It undermines the patient-dentist relationship ... There is a risk that by focusing on the negative aspects of dentistry that Nissan might prevent some nervous patients from seeking dental care."

Some pharmacists just don't seem to be able to hide their proverbial light under a bushel. Dines Green Pharmacy has just clocked up yet another award, this time the National Community Pharmacy of the Year Award, sponsored by SmithKline Beecham. Local people who use pharmacy services were asked to nominate businesses which they felt gave service above and beyond the call of duty. Proprietor Dr Hooman Ghalamkari is seen here receiving his award from SB's Steve Bescoby (left) and Mike Walker (second left). Colin Layland (right) was the customer who nominated Dines Green Pharmacy for the award

Take the

PHARMACIST CHALLENGE

Sponsored by Genus Pharmaceuticals

Are you a pharmaceutical mastermind? Rise to the challenge at Chemex 2000. Put yourself in the hot seat to win £1,500

Picture yourself in that famous 'black chair' answering questions on your specialist subject. If you have been keeping up with your continuing professional development you could find yourself moments away from taking the trophy and title of Chemex Challenge Champion 2000.

It is so easy to join in. Simply answer the 20 questions overleaf, complete the tiebreaker, detach the entry form, fold it up into the postage paid mailer and put it in the nearest letterbox. Six pharmacists will go forward for the Chemex Challenge and the chance of winning that £1,500 prize.

The Challenge is a test of your pharmaceutical knowledge. All questions are based on the CPP-accredited modules published in *C&D*'s Pharmacy Update between January 8 and April 15 this year. All the modules can be viewed on *C&D*'s web site at www.dotpharmacy.com, or the Genus site at www.genuspharma.com. Get your thinking caps on and your answers in by July 18.

Sponsors Genus Pharmaceuticals says: "The whole team at Genus is very excited to be working with *Chemist & Druggist* to mastermind what will surely be the most remarkable event ever staged at Chemex.

The Challenge fits perfectly into our educational support programme and we wish all the competitors the very best. So without any more delay, will the next contestant please step forward!"

The challenge

GENUS PHARMACEUTICALS

The Pharmacist Challenge starts below. You will need to be reading the CPP-accredited Pharmacy Update modules published so far this year in *C&D* to enable you to answer the questions (see below). That knowledge base will get you to the final at Chemex 2000 and help you answer the questions from our question master on September 3.

If there is more than one pharmacist in your pharmacy, then phone Louise Simpson at Genus Pharmaceuticals on 01635 568400 for a second entry form.

The 20 questions below are based on modules in *C&D*'s Pharmacy Update published between January 8 and April 15 this year, which have been accredited by the College of Pharmacy Practice. The articles are:
Heroin (module 1149) January 8
Auto-immune disorders (module 1150) January 8
Adverse drug reactions (module 1151) January 22
Allergies in the home (module 1152) February 5
Chronic daily headache (module 1153) February 5
Endometriosis (module 1154) February 19
Transplants (module 1155) March 4
Asthma triggers (module 1156) March 4
Evidence-based medicine (module 1157) March 18
Heart failure (module 1158) April 1
Herbalism (module 1159) April 1
Porphyria (module 1160) April 15.
These articles can be found additionally on *C&D*'s web site at *www.dotpharmacy.com* or obtained by faxback on 0891 444791, at a premium rate.

Tick either the True of the False box for each question and complete the tie breaker, filling in your personal details before detaching the entry form, folding it as shown to display the Freepost address, and posting it to reach us no later than July 18.

One finalist will be selected from each of the following areas: Northern Ireland, Scotland, Wales, North of England, Midlands and South of England.

The six finalists will be notified in the week commencing July 25 that they have been won a place in the final at Chemex 2000. The final will take place over lunchtime on Sunday, September 3, 2000.

In the final each pharmacist will face questions posed by our quiz master for three minutes. These questions will be based on the modules above, as well as CPP-accredited modules published in *C&D*'s Pharmacy Update on May 6 and 20, June 3 and 17, and July 1 and 15.

The pharmacist answering the most questions correctly will win. If there is a tie the pharmacist with the lowest number of passes will win. If there is still a tie each finalist will face five further questions with the above rules in force.

The Questions

Tick either the 'True' or 'Folse' box for each question

1. All doctors can prescribe heroin to known addicts
TRUE ❑ FALSE ❑

2. Heroin significantly raises the pain threshold
TRUE ❑ FALSE ❑

3. Common effects of radiation therapy include osteoporosis
TRUE ❑ FALSE ❑

4. Graves disease is the result of increased thyroxine production by antibodies stimulating receptors on the surface of the thyroid gland
TRUE ❑ FALSE ❑

5. Myasthenia gravis is the result of stimulation of acetylcholine receptors by an excess of antibodies in auto-immune individuals
TRUE ❑ FALSE ❑

6. It is not part of the Yellow Card scheme to report reactions to unlicensed products
TRUE ❑ FALSE ❑

7. Topical antihistamines are the treatment of choice for allergic skin rashes
TRUE ❑ FALSE ❑

8. Patients who have been prescribed sodium nedocromil nasal spray should use it on a 'prn' basis
TRUE ❑ FALSE ❑

9. It is estimated that about a quarter of patients seen at headache clinics are subject to medication misuse headache
TRUE ❑ FALSE ❑

10. One important factor in the development of medication misuse headache is that patients take an analgesic before they have a headache
TRUE ❑ FALSE ❑

11. Endometiral cells can be found in the lungs of patients suffering from endometriosis
TRUE ❑ FALSE ❑

12. Women with endometriosis always have overt symptoms
TRUE ❑ FALSE ❑

13. Modern immuno-suppressive drugs suppress only T-cell activation
TRUE ❑ FALSE ❑

14. Many clinicians suggest that enteric coated prednisolone should be avoided because it has unpredictatable bioavailability
TRUE ❑ FALSE ❑

15. About 45pc of asthma patients are not aware of the iatrogenic risks of medicines
TRUE ❑ FALSE ❑

16. The incidence of aspirin induced bronchospasm in asthmatics decreases with age
TRUE ❑ FALSE ❑

17. ACE inhibitors should not be prescribed for known asthmatics
TRUE ❑ FALSE ❑

18. When considering the results of drug trials, the number needed to treat is directly related to the relative risk reduction
TRUE ❑ FALSE ❑

19. Regular exercise is not recommended for heart failure patients because of the increased workload on the heart
TRUE ❑ FALSE ❑

20. Echinacea stimulates red cell production, thus aiding resistance to infection
TRUE ❑ FALSE ❑

The tie breaker

Rank the following in order of imporance to the success of your pharmacy business (with 1 as the most important and 5 as the least important)

- Keeping updated accounts ❑
- Resource allocation ❑
- Planning and organisation ❑
- Inventory control ❑
- Category management ❑

Your details - complete in BLOCK CAPITALS

Name.....

RPSGB or PSNI registration number.....

Address.....

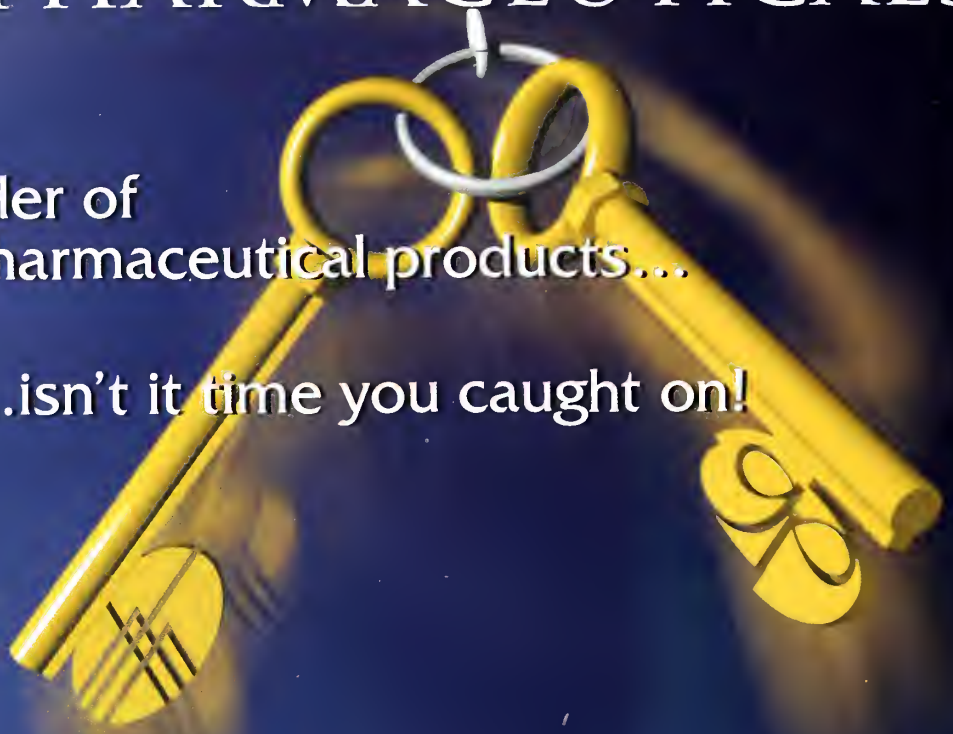
.....Postcode.....

Telephone number (daytime).....

Rules:

1. The Pharmacist Challenge is open to all pharmacist subscribers or pharmacists employed at a subscribing address. 2. Entrants are required to answer the questions on the attached entry form and complete the tie breaker. The questions are based on material contained in CPP-accredited Pharmacy Update modules published between July 1, 1999, and May 27, 2000, inclusive. 3. Six finalists will be selected on a regional basis from the following areas: Northern Ireland, Scotland, Wales, Northern England, Midlands, London/South East England, Southern and South West England. 4. In event of a tie at regional level the tie breaker will come into operation, with a panel of three judges chaired by Chris Rew, Genus Pharmaceuticals, determining the finalists. The judges decision is final and no correspondence will be entered into. 5. The Pharmacist Challenge final will be held at Chemex 2000 on September 3 using a Mastermind-type format The winning pharmacist will collect a prize of £1,500, with second and third prizes of £500 and £250. 6. Each finalist will face three minutes of questions based on CPP-accredited modules published in *C&D*'s Pharmacy Update series from January to July 2000. The pharmacist answering the most questions will win. If there is a tie the pharmacist with the lowest number of passes will win. If there is still a tie then each person will face five more questions with the above rule in force. 7. Only one entry per pharmacist is permitted. The competition is not open to employees of Genus Pharmaceuticals or Miller Freeman or their agencies or relatives. 8. Entries should be returned to Mary Prebble on the form opposite. Entries received after July 18 will be ineligible. Entry to the competition is taken as acceptance of the rules. Proof of posting cannot be taken as proof of receipt. 9. Details of the final and the winner will be published in *C&D*.

GENUS PHARMACEUTICALS



The key provider of multisource pharmaceutical products...

...isn't it time you caught on!

INSIGHT

The Professional Choice

- **Pharmacy Practice Support**
- **Pharmacy Working Parties**
- **Pharmacy Competitions**
- **Pharmacy Bulletins**
- **Pharmacist Courses**
- **Fair Pricing Policy**

Genus Pharmaceuticals,
Benham Valence,
Newbury, Berkshire RG20 8LU.
Tel. 01635 568400 Fax. 01635 568401

a division of SCHEIN

GENUS PHARMACEUTICALS